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**From Pathology to Positivity: Sociocultural Factors that Shape Sexual Self-Esteem  
Among Black College Women**

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**From Pathology to Positivity: Sociocultural Factors that Shape Sexual Self-  
Esteem Among Black College Women**

**by**

**Whitney Nicole Adams**

**Dissertation**

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## **Dedication**

I would like to dedicate my dissertation to two family members that are no longer physically with me but have been with me in spirit throughout my entire doctoral journey: my aunt, Sherrie Adams, who passed away in 2008 and my granddaddy, Frank Manning, Jr., who passed away in 2015.

To Sherrie: As a teacher and forever learner yourself, you have been my constant fuel throughout my academic journey. At times when I questioned if I was pursuing the right path, you always gave me a sign that I was right where I needed to be. As a result of COVID-19, I was unable to return to Austin, TX to conduct my dissertation defense, so I gave my presentation from the living room of my apartment in Atlanta, GA (the city you called home). To me, it was so fitting that I completed my defense in the last city you lived in. I have always felt your spirit with me, but that day I felt you even more and your presence gave me the comfort and confidence that I needed to succeed.

To Granddaddy: There was a recent social media post that went viral of a grandfather displaying his hat collection of all the universities that his grandchildren had attended. This post reminded me of you because you too had a baseball hat from every university your grandchildren attended, but there was no hat that you wore with as big of a smile as the one from UT-Austin (the school located in your home state). You were a proud Texan and you were so excited for me to experience the culture of Texas. I just remember how proud you were of me when I got accepted into UT and you were the first person who ever called me “Dr. Adams.”

To both Sherrie and my Granddaddy: I miss you both daily and I wish you both could have been here to celebrate this major accomplishment with me. This has been a long journey, but I know I would not have made it this far without your constant protection over me and this is why I dedicate my dissertation to the both of you!

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Lastly, and most importantly, I want to thank God because it is through Him that I can do all things (Philippians 4:13).

## **Abstract**

# **From Pathology to Positivity: Sociocultural Factors that Shape Sexual Self-Esteem Among Black College Women**

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The University of Texas at Austin, 2020

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Current literature on the sexual experiences of Black women primarily focuses on factors that contribute to risky sexual behaviors and methods to prevent the negative consequences of these behaviors. However, there is a need to broaden our construction of Black women's sexuality. This study intends to address this gap in the literature by exploring factors that promote a positive aspect of sexuality known as sexual self-esteem. The current study investigated how social factors (peer sexual socialization and religiosity) and personal factors (sexual values) influence Black women's sexual self-esteem. A sample of 155 self-identified Black college women (undergraduate and graduate) completed an online survey that assessed sexual self-esteem and its subscales (Skill/Experience, Attractiveness, Control, Moral Judgment, and Adaptiveness), religiosity, sexual values (Sexual Talk as Disrespectful, Satisfaction of Sexual Needs as Important, Female Virginity as Important, and Sexual Self-acceptance), and peer sexual socialization. Results of a correlation analysis indicated that peer sexual socialization was not linked with increased sexual self-esteem. Multiple regression analyses revealed that the sexual value of Sexual Self-Acceptance was positively linked to all of the subscales of sexual

self-esteem. Relatedly, the sexual value of Sexual Talk as Disrespectful was negatively linked with the Control, Moral Judgment, and Attractiveness subscales of sexual self-esteem. Moderation analyses indicated religiosity moderated the link between peer sexual socialization and sexual self-esteem, but not the link between Sexual Self-Acceptance and sexual self-esteem. The study also included two exploratory hypotheses. Results of the first hypothesis found that the sexual value of Female Virginity as Important was negatively linked to condom usage. Results of the second exploratory hypothesis found that sexual guilt mediated the relationship between religiosity and sexual self-esteem. Sexual guilt was measured by a brief scale designed for the current study.

The findings from the current study highlight that Black women's acceptance of their own sexuality is key in creating a more positive and empowered view of Black women's sexuality. This finding can be utilized in the development of future sex positive research and programming directed towards Black college women. Limitations, future research areas, and practical implications of these findings are discussed.



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## Chapter One: Introduction

“There is an unbelievable power in ownership, and women should own their sexuality. There is a double standard when it comes to sexuality that still persists. Men are free and women are not. That is crazy. The old lessons of submissiveness and fragility made us victims. Women are so much more than that. You can be a businesswoman, a mother, an artist and a feminist – whatever you want to be – and still be a sexual being. It’s not mutually exclusive.”  
- Beyoncé, (Out Magazine, 2014)

This quote embodies the complexity of women’s sexuality: something that has been historically characterized by shame, restriction, and contradiction, but instead should be something that is normalized and recognized for more than just these negative components. Although there has been an increase in studies pertaining to the sex, sexuality, and sexual health of women broadly, there is still a dearth of research that captures a holistic perspective of women’s sexual experiences, specifically studies on Black women’s sexuality. A seemingly one-sided and restrictive perspective of Black women’s sexuality continues to be the dominant narrative because Black women are impacted by the negative consequences of sexual risk behaviors at disproportionately higher rates than women from other racial and ethnic backgrounds (Augustine, 2010). Thus, most sexual health research on Black women focuses on reducing the rates of sexually transmitted diseases (STDs), sexually transmitted infections (STIs), and unintended pregnancies (Buhi, Marhefka, & Hoban, 2010; Mincey & Norris, 2014)<sup>1</sup>. Other aspects of sexuality such as emotional states, values, and attitudes have been seemingly ignored within research among Black women despite an increasing emphasis on a comprehensive sexual health perspective (Potki, Ziaei, Faramarzi, Moosazadeh, & Shahhosseini, 2017; Rouse-Arnett & Dilworth, 2006).

<sup>1</sup> According to Shannon-Karasik (2018) the major difference between STDs and STIs is the terminology. When symptoms of an infection are present, it is called a disease; whereas, an STI means that the infection is asymptomatic.

Although high rates of STDs/STIs/HIV and unintended pregnancies among Black women continue to be a serious public health issue, there is a need to change the discourse surrounding Black women's sexual health from pathologizing Black women's sexual behaviors to promoting their sexuality in a holistic manner. The primary focus on sexual health prevention initiatives leaves a gap in the literature with regard to psychological aspects of sexual well-being and positivism, specifically among Black women. Understanding factors associated with positive sexuality emphasizes sexuality as a healthy and normal component of adult functioning and identity development rather than as pathology (Welsh, Rostosky & Kawaguchi, 2000). As Beyoncé suggests, "women should own their sexuality" and this shift towards a new narrative surrounding Black women's sexuality makes it possible for Black women to truly embrace and own their identity as positive sexual beings.

When women are able to perceive themselves as positive sexual beings, it can lead to positive decision making within sexual experiences. For example, some public health programs aimed at reducing HIV/STDs/STIs rates among women of color (e.g., Marín, 2003; Jemmott, Jemmott, & O'Leary, 2007) have shown that using a sex-positive approach that empowers women and promotes healthy sexuality, as opposed to pathologizing sexuality through promoting abstinence or solely providing information on STDs, can have better outcomes. Sex positivity or positive sexuality is defined as "the acknowledgement and appreciation of the importance and power of sexual constructs such as sexual satisfaction, sexual self-efficacy, sexual self-esteem, and sexual pleasure" (Anderson, 2013, p. 208). This focus on sex positivity emphasizes the importance of intersectionality as well as highlights the strengths of traditionally marginalized populations such as Black women (Hargons et al., 2018). Thus, the current study seeks to analyze one aspect of positive sexuality known as sexual self-esteem.

**Sexual Self-Esteem.** Snell and Papini (1989) define sexual self-esteem as “positive regard for and confidence in the capacity to experience one’s sexuality in a satisfying and enjoyable way” (p. 256). Previous literature has found that high sexual self-esteem has been linked to improved sexual, mental, and physical health outcomes (Anderson, 2013). Most sexuality research focuses on sexual behaviors without adequately discussing that sexuality is multifaceted and includes feelings, attitudes, and self-perceptions (Rajhvajn Bulat, Ajduković, & Ajduković, 2016). Some researchers have proposed that one way to reduce the number of risky sexual behaviors is by targeting the cognitive aspect of sexuality (Welsh, Rostosky, & Kawaguchi, 2000; Impett, Muise, Breines, 2013). In other words, when individuals are empowered to change how they think of themselves as sexual beings, it can also facilitate a change in their behaviors.

**Emerging Adulthood.** The target population of the study is college aged/emerging adult women because this developmental period is marked by an increase in sexual exploration and experimentation (Lefkowitz, Gillen, Shearer, & Boone, 2004; Paul, McManus, Hayes, 2000). Previous studies on sexuality have commonly focused on Black adolescent females because puberty is reached during adolescence, which is a major milestone of sexual development. However, the current study addresses a gap in the literature by using a sample of college-aged Black woman because research has shown that for emerging adults, “sexual exploration is associated with increased social competence, the capacity to be self-regulating and autonomous, and positive self-development” (Horne, 2005, p. 3). College also fosters an environment in which individuals begin to reevaluate their perspectives on sexual norms and the appropriateness of various sexual behaviors (Leonard & Scott-Jones, 2010).

Given that an emerging adult's sexuality can be shaped by various social and personal factors, the goal of the current study is to explore which of these factors increase the sexual self-esteem of Black college women. Social factors are defined as social processes and social structures that affect an individual, whereas personal factors are identified within the individual (e.g., attitudes, knowledge, values, and beliefs; Gifford & Nilsson, 2014). The social factors of the study include peer sexual socialization and religiosity and the personal factor includes sexual values.

**Peer Sexual Socialization.** Sexual socialization is defined as “the process through which young people learn and internalize sexual knowledge, attitudes, skills, norms, and expectations for sexual relations” (L'engle & Jackson, 2008, p. 355). According to social cognitive models (e.g., social learning theory; Bandura, 1977) individual-level cognitions help to explain health behavior. These models suggest that behaviors are mediated by cognitions and subsequently those cognitions are influenced by the social environment (L'Engle & Jackson, 2008). Given the current study focuses on college-aged women, the study will assess the impact of peer sexual socialization on the sexual self-esteem of Black women.

**Religiosity.** Another social factor that influences Black women's sexuality is religion. Previous research has suggested that religious beliefs and practices have been an integral aspect of Black culture (Boyd-Franklin, 2003; McCree, Wingood, DiClemente, Davies, & Harrington, 2003). Statistically, Black people have exhibited higher levels of religious observance compared to people from other racial and ethnic groups (Ferraro & Koch, 1994; Pew Research Center, 2014). Specifically, 47% of Black people reported attending religious services at least once a week and 73% reported engaging in daily prayer, compared to 36% and 55% of the general population, respectively (Pew Research Center, 2014). Thus, it is evident that many Black

families use religion as a guide for how to live their lives. However, the process of constructing one's sexual identity can be challenging for Black women as they negotiate the messages that they receive about religion with those they learned to value and adopt for themselves.

The current study examines the impact of religiosity as it relates to Black women's sexuality, primarily because of the historical influence of religion on Black people that began during slavery. The sexual exploitation of Black women during slavery had a major impact on Black women's sexuality and Black women's relationship with the church. For example, current treatment and messages Black women receive within the church reflect Western Christian principles that deem women as "seducers of men" (i.e., Jezebels; Douglas, 1999). Religious, Afro-centric scholars suggest these messages from the church have negatively impacted Black women's perceptions of their bodies and sexuality (Douglas, 1999), which may ultimately impact their sexual self-esteem. Although it may appear that religiosity might decrease Black women's sexual self-esteem, many Black women are able to simultaneously engage in religious practices while embracing their sexuality. Thus, given the prevalence and importance of religiosity within the Black community (and particularly among Black women), the present study seeks to understand how Black women grapple with these seemingly contradictory messages in a manner that still promotes sex positivity.

**Sexual Values.** In addition to the aforementioned social factors, it seems important to explore how the messages from these interpersonal and societal interactions have influenced Black women's own beliefs and values about sex and sexuality. Sexual values are considered "moral convictions regarding what is right and wrong, are typically thought to be more stable than attitudes, and are linked strongly with sexual behavior" (Morgan & Zurrigen, 2012, p. 472). Deardorff, Tschann, and Flores (2008) analyzed sexual values by conducting focus groups

and individual interviews with a group of sexually active Latino youth who were between the ages of 16 and 22 years old. Findings from their study resulted in the Sexual Values Scale, which is composed of six culturally salient sexual values: Sexual Talk as Disrespectful, Satisfaction of Sexual Needs as Important, Female Virginity as Important, Comfort with Sexual Communication, Sexual Comfort, and Sexual Self-Acceptance. For the current study, I am interested in the way sexual values influence Black college women's sexual self-esteem.

**Summary.** The findings from the current study may have several implications. First, this study intends to broaden the scope of the discourse regarding Black women's sexuality by capturing the complexity of Black women's sexual experiences. The current study also argues that Black women's sexuality should be understood within a context that analyzes the role of social and personal factors. Both social and personal factors influence the meanings that Black women "ascribe to their sexual behaviors and feelings and to their sense of themselves as sexual beings" (Welsh, Rostosky, & Kawaguchi, 2000, p. 120). Therefore, examining predictors of sexual self-esteem could be beneficial as it pertains to the diversity and normalcy of women's sexuality while also promoting a healthy sexual exploration (Welsh et al., 2000). A study of this nature highlights the notion that there is more to Black women's sexuality than negative health outcomes and encourages Black women to affirm and celebrate their sexuality in their own way. Given that there is still a sexual health disparity among Black women and their White counterparts, the findings of this study could be supplemented with sexual health initiatives as a way of creating balanced programs that include information about preventing risky sexual behaviors as well as normalizing sexuality and acknowledging that it is a healthy aspect of human development.

## **ORGANIZATION OF DISSERTATION**

In Chapter One above, I discussed the constructs of interest and provided information about future implications of the current study. Next, Chapter Two reviews the psychological literature on the impact of sexual socialization, religion, and sexual values on the sexual self-esteem of Black college women. Chapter Three discusses the hypotheses that were tested in the current study. Chapter Four explains the methodology for the current study. Chapter Five presents the results of the statistical analyses. Lastly, Chapter Six includes a discussion of the results as well as information regarding limitations and implications of the current study.

## **Chapter Two: Literature Review**

The following chapter will provide an overview of the literature on various factors that have been linked with the sexual self-esteem among Black college women. This chapter begins by providing a broad overview of women and sexuality then narrows the focus to discuss the historical context that is unique to Black women's sexuality. Following this, there will be an overview of the literature on sexual self-esteem, sexual socialization, religion, and sexual values, as well as information on the links between these constructs.

### **WOMEN AND SEXUALITY**

According to Hammonds (2017) "sexuality has become one of the most visible, contentious, and spectacular features of modern life in the United States during this century" (p.93). One of the primary reasons discussions on sexuality are so prominent within our society is because of significant differences in the sexualities of men and women. In addition to the anatomical differences of males and females, sociocultural factors such as differences in socialization processes and differences in social statuses all influence ideas about sexuality. Fredrickson and Roberts (1997) stated that "bodies exist within social and cultural contexts, and hence are also constructed through sociocultural practices and discourses" (p. 174). As a result of these sociocultural factors, the sexual double standard has emerged among men and women. The sexual double standard posits that men have more freedom and power to engage in sexual behaviors, which consequently causes woman to be judged more harshly than men for engaging in similar sexual behaviors (e.g., having multiple sexual partners; Liss, Richmond, & Erchull, 2019). The sexual double standard also positions male sexuality as active and dominant; whereas female sexuality is considered passive and repressed (Carabine, 1992). Thus, "healthy" sexuality for women equates to either no sexuality (resulting in no negative consequences) or oriented to



the desires of a man (Tolman & Tolman, 2002). Ultimately, this sexual double standard that is entrenched within our patriarchal society has been detrimental to the positive sexuality of women. For example, the sexual double standard fosters the suppression of women's sexuality which in turn (a) deprives women the ability to freely explore their sexuality; (b) causes some women to avoid engaging in sexual behaviors; and (c) results in a missing discourse on women's desire (Tolman, 1994). The sexual double standard also creates a polarization of gendered sexual experiences that puts women at risk for sexual objectification. Sexual objectification occurs when women are treated "as bodies that exist for the use and pleasure of others," (Fredrickson & Roberts, 1997, p. 175) and if women internalize this message, it is referred to as self-objectification. The normalization of the constant evaluation of the female body by others in turn causes women to monitor their own bodies which is known as body surveillance (Fredrickson & Roberts, 1997). Fredrickson and Roberts (1997) suggest that body surveillance is the means through which self-objectification negatively impacts the mental and physical health of women. For example, self-objectification has been associated with a myriad of mental health concerns (e.g., body shame, appearance anxiety, depression, sexual dysfunction and disordered eating; Calogero & Thompson, 2009).

The sexual double standard and the sexual objectification theory demonstrate how women's sexuality has been historically controlled and negotiated by others. It is this one-sided perspective of women's sexuality that gave momentum towards the start of the feminist movement and the sexual revolution during the 1960's. These critical moments in women's history challenged the status quo by advocating for women to have the same sexual freedom that had previously been reserved for men (WGBH Educational Foundation, n.d.). There was a push during this time to change the narrative of women's sexuality from one solely based on biology

(i.e., reproduction and/or disease) to one that embraced sexual desire and pleasure that is void of male influence (Clio History, 2015).

The acknowledgement in recent years of the positive impact of sexual experience has yielded a new approach for discussing women's sexual health. Researchers have proposed that sexual exploration during adolescence and emerging adulthood have many benefits such as self-empowerment (Welsh et al., 2000). This new approach also recognizes that sexuality is more than intercourse and constitutes other cognitive and emotional elements such as sexual attitudes and values. However, the one element this new approach is missing is attention to the influence of intersectionality on sexuality.

## **BLACK WOMEN AND SEXUALITY**

The previous section provided a broad overview of women's sexuality and this section addresses the gap in the literature surrounding provides a historical overview of Black women's sexuality. The division of these sections is intentional because the influence of race adds an additional dimension to sexuality. The portrayal of Black women's sexuality is a complex paradox that has been shaped by the complicated history around Black women and sex that dates back to slavery. During the 1800's, Sarah Baartman, known as the Hottentot Venus, was discovered by a British surgeon after becoming fascinated with her large buttocks and elongated labia (Tillet, 2009). As Baartman's body was paraded around Europe, she became the prototype for Black women's bodies and sexuality throughout the nineteenth century. It was proposed that Baartman's "primitive" genitalia was an indicator of Black women's "primitive" sexual desires, which depicted Black women as uncontrollable sexual beings; whereas White women were perceived as pure (Gilman, 1985).

This hypersexualized and animal-like portrayal of Black women had negative implications on the physical and emotional well-being of Black women throughout history. For example, during slavery, White men treated Black women's bodies as their property and believed that if Black women were inherently promiscuous, then they could never be violated (Hine, 1989; Roberts, 2010). This mentality served as justification for the raping, lynching, and sexual abuse of Black women by White men. According to Cooper (2015), "this social conceptualization of the Black body helps explain the rationale that allowed sexual exploitation of Black slaves to both occur and be widely unchallenged by mainstream society" (p. 28). Thus, the perception of Black women's bodies as commodities rather than as beings was a major factor in the justification and maintenance of White male supremacy during slavery.

In addition to Black women's bodies being perceived as commodities, Black women's sexuality was also constantly juxtaposed to White women's sexuality. White women's sexuality was perceived as the norm or ideal as they are considered pure and submissive, whereas Black women's sexuality was defined by characteristics such as deviance or promiscuity (Fasula, Carry, & Miller, 2014). This gendered and racial othering of Black women served as the basis for the foundational images of Black women's sexuality (i.e., the Jezebel and the Mammy). The Mammy is portrayed as an obese and dark-skinned woman (i.e., characteristics that lack sex appeal), who is also domestic, subservient, and asexual; while the Jezebel is perceived as seductive, sexy, and always wanting sex (Collins, 2004). These historical images are stark contrasts to the "pure" White woman and represent the foundation of the current paradox that embodies Black women's sexuality: one that is simultaneously hidden and paraded (Roberts, 2010). These historical images have subsequently created a limited narrative of Black women's sexuality as seen by the extensive literature that addresses Black women and sexual risk

behaviors but fails to address positive aspects of Black women's sexuality such as sexual self-esteem.

From adolescence to adulthood, research on Black women's sexuality typically explores negative consequences and risks of sexual experiences. For example, previous research has found most sexual health interventions for Black women focus on sexual health initiatives aimed at preventing STDs/STIs/HIV and unintended pregnancies (Buhi, Marhefka, & Hoban, 2010; Mincey & Norris, 2014). Augustine (2010) suggested that sexual health disparities are usually the focus for studies with samples of Black women because Black women are impacted by the negative consequences of sexual risk behaviors at disproportionately higher rates than women from other racial and ethnic backgrounds. According to the Centers for Disease Control and Prevention (2016), young women between the ages of 15-24 accounted for nearly half (46%) of newly reported STD cases during 2016, with Black women accounting for almost half of these newly reported cases. Black women in this age range are also 5.1 times more likely to contract chlamydia and 8.4 times more likely to contract gonorrhea than White women of the same age (CDC, 2016). In analyzing college students specifically, Buhi, Marhefka, and Hoban (2010) found that among a sample of 1,584 Black college women and 26,457 White college women, 8.8% of Black women had an STI within the last school year, whereas only 4.9% of White women did. Additionally, results revealed that 6.5% of Black women versus 1.6% of White women reported becoming unintentionally pregnant within the last school year. In this same timeframe, 8.5% of Black women indicated they had four or more sex partners within the last school year, whereas 6.7% of White women agreed with that statement (Buhi, Marhefka, & Hoban, 2010). In light of these statistics, it is unsurprising that most research on Black women's sexuality typically explores negative consequences of sexual behaviors. However, the large

quantity of literature on predictors of risky sexual behaviors has caused sexual behavior to be “equated with deviance rather than development” (Tolman, 1994, p. 257) and ultimately gives a limited perspective of Black women’s sexuality.

In order to fully understand why these disparities exist, “the integrative theory of gender and power” coined by sociologist Robert Connell (1987) may serve as a helpful theoretical framework. According to Connell (1987), the gendered relationships between men and women are characterized by the following structures: the sexual division of labor, the sexual division of power, and the structure of cathexis. He posits that the presence of these three structures negatively impact the lives of women because these structures foster gender-based inequities. Researchers suggest that these gender-based inequities generate various exposures (i.e., economic, physical, or social) that adversely impact women’s health (Wingwood & DiClemente, 2000). For example, for African American women specifically, the sexual division of labor explains how socioeconomic disadvantages (e.g., lack of education, lower wages, etc.) can increase African American women’s risk of contracting HIV (Wingwood & DiClemente, 2000). Additionally, the sexual division of power explains how physical force and sexual violence can increase African American women’s susceptibility to HIV and unintended pregnancies (Wingwood & DiClemente, 2000). For example, previous research has shown that African American women in abusive or power imbalanced relationships are less likely to use condoms compared to women whose partners are not abusive (Wingwood & DiClemente, 1997). Lastly, the structure of cathexis contributes to the sexual health disparity between African American women and women of other racial and ethnic backgrounds for the following reasons: 1) the influence of the Black church that perceives sex as solely a means for procreation; 2) cultural

values that emphasize motherhood among Black women; and 3) difficulties negotiating condom usage with (heterosexual) partners (Wingwood & DiClemente, 1998).

While acknowledging the reality of the existing sexual health disparities, many researchers also see the value in promoting more positive aspects of Black women's sexuality (Rostosky, Dekhtyar, Cupp & Anderman, 2008; Horne, 2005). For example, Fine (1988) conducted a year-long study in which she analyzed the sex education curriculum of New York City Schools. Through interviews and observations, Fine (1988) witnessed the negativity that permeates throughout sex education as these programs focus on reducing teenage pregnancy rather than incorporating conversations on desire. However, Fine (1988) did observe some successful programs, such as one program conducted with urban girls in which the students were able to voice their experiences about sexuality in a manner that also acknowledged the intersecting experiences of gender and sexuality. This program was successful because it provided a safe space in which the participants could freely express and explore the complexity of sexuality (e.g., sexual desires and sexual dangers) in order to develop a deeper sense of sexual agency. Results of her ethnographic study advocate for more comprehensive sex education curriculums that incorporate equal conversations about biology and desire.

It is becoming increasingly important to reassess how we talk about and teach sex and sexuality given our society is slowly shifting to a culture where women are being encouraged to embrace their sexuality and advocate for women's sexual agency (Lottes & Kuriloff, 1994). For example, Wyatt, Peters, and Guthrie (1988) conducted a study investigating how sexual socialization and sexual behaviors changed from a study that was conducted 33-years earlier. Using a sample of 126 Black college women, between the ages of 18-36, the study found that drastic shifts had occurred since 1953 such as Black women had become more sexually active at

younger ages, were less likely to marry their first sexual partner, were engaging in more sexual behaviors, and had higher amounts of sexual partners (Wyatt, Peters, & Guthrie, 1988). Some of the factors that have attributed to this cultural shift include: the rise of feminism, the sexual liberation period of the 1960's and the widespread availability of birth control (Stinson, 2010).

In alignment with the aforementioned studies, the current study advocates for a more comprehensive perspective of Black women's sexuality that includes aspects of sex-positivity rather than focusing on the historically problematic areas for Black women such as objectification, negative sexual stereotypes, and abuse and victimization (Lamb, 2010). Understanding the positive attributes of sex and sexuality is equally important because having a positive perspective of sexuality may serve as a buffer against the aforementioned negative outcomes (Impett et al., 2013).

### **SEX POSITIVITY AMONG BLACK WOMEN**

There is currently a lack of scholarly articles that focus on understanding sexuality from a completely positive perspective. This focus on more pathological aspects of sexuality stem from various cultural and gendered norms. However, there is an expanding body of sex positivity research that aims to highlight strengths and well-being rather than focusing on deficits or pathology (Williams, Thomas, Prior, & Walters, 2015). Despite, this growing body of research there is still limited information regarding sex positivity among Black women. However, as Black scholar recognize this gap in the literature, more studies are being conducted that address various aspects of sex positivity among Black women such as pleasure and desire. For example, in their qualitative study, Hargons and colleagues (2018) found that among a sample of 18 Black college students that pleasure emerged as a main finding within their last sexual encounter. Interestingly, this finding about pleasure was gendered in that women "hoped" for pleasure

whereas men “expected” pleasure (Hargons et al., 2018). In most cases of this particular study, pleasure meant having an orgasm; however, there is so much more to sex positivity and pleasure than goal-oriented sexual activities such as orgasming. For example, Morgan (2015) proposes that sex positivity should be assessed through an intersectional lens that considers pleasure politics within a Black Feminist framework. Morgan (2015) advocates for pleasure politics that includes “expressions of sex and sexuality that deliberately resist binaries” (p. 40). This reframing of Black sexuality is important because it aims to combat the stereotypes that situate Black sexuality as either absent or impulsive in an effort to broaden the scope of Black women’s sexual experiences.

In addition to the aforementioned study, Evans and Dyson (2015) also utilized a Black Feminist approach to understand positive sexual identity development. In their study, Evans and Dyson (2015) conducted focus groups with 33 Black women with the intention of understanding the following topic areas: 1) how Black women learn about positive aspects of sexuality, 2) what Black women consider positive aspects of sexuality; and 3) who Black women talk to about sex and sexuality. Findings of their study revealed that Black women typically learn about positive aspects of sexuality from direct sources (i.e., family, friends, and media), modeling, and experience. Additionally, the participants identified “personal value” and “freedom to be sexual” as key parts of positive sexuality (Evans & Dyson, 2015, p. 35). Lastly, it was found that Black women primarily discuss sex and sexuality with peers, partners, and/or maintain sexual privacy. Ultimately, findings from this study illustrate that positive sexual identity development is a constantly evolving process that is influenced by both internal and external messages.



## **BLACK COLLEGE WOMEN AND SEXUALITY**

Black college-aged women were specifically selected for the current study because emerging adulthood is a developmental period marked by an increase in sexual exploration and experimentation (; Lefkowitz, Gillen, Shearer, & Boone, 2004; Paul, McManus, Hayes, 2000). A prominent sexual behavior on college campuses are casual hookups. Hookups are defined as “brief uncommitted sexual encounters among individuals who are not romantic partners or dating each other” (Garcia, Reiber, Massey, & Merriwether, 2012, p. 2). Hookups have become a predominant theme particularly on college campuses, with roughly 60-80% of college students reporting at least one hookup throughout their college career (Garcia, Reiber, Massey, & Merriwether, 2012). Ultimately, this evolved sexual script reflects the notion that individuals are diverting from traditional romantic relationships and engaging in more casual sexual relationships (Downing-Matibag & Geisinger, 2009).

However, it appears that the recent literature on the hookup culture has neglected to consider the importance of understanding how participation in hookup culture is influenced by intersecting identities (i.e., race and gender). Spell (2017) conducted a mixed methods study that explored the impact of intersectionality on hookup culture. Results of her study revealed that White women reported more hookups than their non-White counterparts (Black women reported 49% fewer hookup partners than White women; Spell, 2017). Spell (2017) attributes this finding to additional barriers that non-White women face to participate in hookup culture (e.g., Black women valuing racial homophily, but outnumbering Black men on college campuses as well as Black women being perceived as sexually aggressive or difficult, which is counter to traditional women’s sexual scripts).

Similar to the research regarding the sexuality of Black women broadly, the research on hookups among Black women tends to focus on negative implications (e.g., increased risk for STIs/STDs and unintended pregnancies). There is a dearth of research that focuses on the positive experiences of hookups for women broadly and subsequently Black women. Contrary to sexual double standards, some researchers suggest that women enjoy casual hookups just as much as men (Snapp, Ryu & Kerr, 2015). Some research has even found that women often attribute positive emotions to hookups such as sexual pleasure, sexual desire, and fun (Jenkins Hall & Tanner, 2016); however, this narrative regarding hookups is not discussed, especially as it pertains to Black women. Although hookups tend to be portrayed negatively, if we redefine hookups in a more positive manner, they can be seen as a healthy means of sexual exploration and experimentation. This lack of acknowledgement of the benefits of hookups continues to perpetuate the shame, regret, and guilt surrounding sexual experiences for women. This continued one-sided narrative of sexuality, reinforces the aim of the current study which is to focus on the positive aspects of sexuality in order to normalize sexuality and sexual exploration within emerging adulthood.

### **SEXUAL SELF-ESTEEM**

Although most sex and sexuality research on women, Black women, and more specifically college-aged Black women focuses on methods to increase safer-sex practices, it is equally important to explore factors that promote sex-positive outcomes. Exploring sex-positive outcomes is even more relevant for the emerging adulthood population because at this developmental period individuals report more positive than negative consequences of sexual experiences (Maas & Lefkowitz, 2015). Examining sex-positive outcomes is a new but evolving area of research with primary focus on concepts such as sexual self-efficacy, sexual competency,

sexual subjectivity, and sexual self-esteem (Maas & Lefkowitz, 2015). Although the aforementioned constructs are similar in nature, each one explores a unique component of sexuality.

The study focuses on sexual self-esteem because sexual self-esteem encompasses critical developmental tasks that occur during emerging adulthood such as identity development and relationship exploration (Maas & Lefkowitz, 2015). Although adolescence is associated with many milestones related to sexual development, it is important to examine emerging adulthood because this is a developmental period marked by an increase in sexual exploration and experimentation (Lefkowitz, Gillen, Shearer, & Boone, 2004; Paul, McManus, Hayes, 2000). Thus, not only is there a need to explore positive sexual outcomes, there is also a need to explore sexuality beyond the adolescent period.

Although researchers have identified several positive sexual outcomes, there is currently a dearth of research that specifically addresses *sexual* self-esteem. The majority of sexual health research that addresses self-esteem typically focuses on *global* self-esteem rather than sexual self-esteem. Global self-esteem has been defined as “the perception of self-worth or positive feelings about oneself” (Shrier, Harris, Sternberg, & Beardslee, 2001, pp. 179-180) whereas sexual self-esteem is defined as “positive regard for and confidence in the capacity to experience one’s sexuality in a satisfying and enjoyable way” (Snell & Papini, 1989, p. 256). Despite the limited research on sexual self-esteem, there is extant research that analyzes the link between global self-esteem and sexual health outcomes (Salazar et al., 2005; Seal, Minihiello, & Omodei, 1997; Zeanah & Schwarz, 1996). The common assumption among this literature has been that engaging in sexual risk behaviors is associated with low global self-esteem (Seal, Minihiello, & Omodei, 1997). Conversely, research has found that individuals with high self-esteem are more

likely to prepare in advance for safe sexual encounters (i.e., use a form of contraception during intercourse; Zeanah & Schwarz, 1996). For example, Salazar and colleagues (2005) discussed how global self-esteem should be the primary focus of positive youth prevention programs as a means to reduce the number of sexual risk behaviors among Black female teenagers. Results of their study ( $N=515$ ), indicated that among Black young women, self-esteem was linked to self-efficacy, sexual communication, and negotiation skills (Salazar et al., 2005).

Though sexual self-esteem and global self-esteem have multiple similarities, the current study focuses specifically on sexual self-esteem rather than global self-esteem because sexual self-esteem is a narrower construct related to one's sexuality. When examining sexuality, it is more appropriate to use sexual self-esteem because it is possible for an individual to have an overall positive view of themselves but feel insecure about their sexuality (Oattes & Offman, 2007). Thus, specifically analyzing sexual self-esteem allows researchers to better understand the relationship between sexual self-esteem and social and personal factors.

Although few in number, there have been some studies that have analyzed sexual self-esteem. For example, O'Sullivan, Meyer-Bahlburg, and McKeague (2006) found that among a sample of 68 adolescent girls (25% Black), Sexual Arousability and Sexual Agency were significantly related to positive sexual self-esteem. Additionally, Calogero and Thompson (2009) conducted a study among a sample of 104 undergraduate women (10% Black) to determine if sexual self-esteem mediated the link between self-objectification and disordered eating. Results of this mediational analysis revealed that sexual self-esteem partially mediated the link between self-objectification and disordered eating, demonstrating that self-objectification may influence disordered eating behaviors either directly or indirectly through lower sexual self-esteem (Calogero & Thompson, 2009). Rostosky and colleagues (2008) also conducted a study with a

sample of 388 high school students (28% African American) to explore the link between sexual self-concept and sexual self-efficacy. In this context, two specific factors of sexual self-concept were analyzed: sexual self-esteem and sexual anxiety. Results of a regression analysis illustrated that a positive sexual self-concept (i.e., higher sexual self-esteem) was associated with higher levels of sexual self-efficacy among adolescent females of all races (Rostosky et al., 2008). This finding reveals that adolescent females who have a positive view of their sexuality are more likely to make responsible decisions regarding their sexual health (Rostosky et al., 2008).

The current study utilized the Sexual Self-Esteem Inventory for Women (Zeanah & Schwarz, 1996) to assess sexual self-esteem. This measure was selected because it was uniquely designed for women and provided a comprehensive definition of sexual self-esteem. According to Zeanah and Schwarz (1996) there are five domains of sexual self-esteem: (a) *Skill and Experience* (definition: “one’s ability to please, or be pleased by, a sexual a partner, as well as the availability of opportunities to engage in sexual activity” p. 3); (b) *Attractiveness* (definition: “the sense of one’s sexual attractiveness, regardless of how others may perceive the individual” p.3); (c) *Control* (definition: “the ability to direct or manage one’s own sexual thoughts, feelings, and interactions” p.3); (d) *Moral Judgment* (definition: “the congruence of one’s sexual thoughts, feelings, and behaviors with one’s own moral standards” p. 3); and (e) *Adaptiveness* (definition: “the congruence or compatibility of one’s sexual experience or behavior with other personal goals or aspirations).

**Skill and experience.** The definition of Skill/Experience that will be utilized in the present study tends to focus on the idea of sexual pleasure. However, few studies have considered the importance of sexual pleasure for women broadly and even fewer studies have explored sexual pleasure among Black women (Tolman, 1996). As previously mentioned, most

of the research surrounding Black women's sexuality has either attempted to dispute the negative and historical images of Black women's sexuality or focused on ways to minimize risky sexual behaviors. However, the attention to these topics has created an inattentiveness to Black women's engagement with pleasure (Morgan, 2015). Much of the push to include pleasure, desire, and agency within current scholarship has been spearheaded by Black lesbian and bisexual writers such as Audre Lorde and Barbara Smith; however, their drive to focus on pleasure has been met with resistance given other Black scholars perceive that the primary goal of current scholarship should be to address structural inequalities that continue to silence Black women's sexuality (Morgan, 2015). Therefore, I argue that it perpetuates the status quo to consistently negate the importance of pleasure. It is important to discuss pleasure in a manner that does not involve shame in order to promote healthy sexuality. Engagement in healthy sexual activities not only elicits physical pleasure but can add to our sense of worth (i.e., self-esteem).

**Attractiveness.** The *Attractiveness* subscale measures a woman's perception of her own sexual attractiveness. The Black female body has historically been objectified (e.g., Hottentot Venus), hypersexualized, demarcated as masculine and deemed unattractive, as well as controlled by others (Mowatt, French, & Malebranche, 2013). Even though the media has made some progress in incorporating and displaying Black standards of beauty, the White standard of beauty is still heavily engrained throughout society, even in the Black community. However, if a woman is constantly preoccupied with the appearance of their bodies (i.e., feeling self-conscious) during sexual experiences it may compromise the quality of that experience, in turn affecting their sexual self-esteem (Schick, Calabrese, Rima, & Zucker, 2010). This finding emphasizes the need for body positivity, which is defined as "accepting the body you have regardless of how society and culture views ideal shape and size as well as when your body

undergoes natural changes” (Cherry, 2020). Being comfortable in one’s own skin may allow a woman to initiate, participate, and enjoy sexual activities in ways they may be unable to if they lacked that level of self-confidence. Body positivity is important because how a woman feels about her body can impact how she feels about her appearance and even self-worth.

**Control.** It is important to first acknowledge the lack of control that many women have experienced both historically and presently as a result of sexual violence and abuse. For example, previous studies have found that women who have a history of child sexual abuse (CSA) are twice as likely to be sexually revictimized as compared to women without a history of CSA and have more difficulty managing their sexual thoughts, feelings, and interaction (Van Bruggen, Runtz, & Kadlec, 2006). Van Bruggen and colleagues (2006) also found that women with a history of CSA tend to have lower sexual self-esteem because they feel less comfortable with their sexuality and express challenges in managing sexual relationships.

For Black women specifically, West (2002) suggested that Black women’s long history of violence (e.g., childhood sexual abuse, dating violence, intimate partner violence, sexual assault and sexual harassment) has had adverse effects on Black women’s overall well-being (depression/low self-esteem, substance use, and physical health concerns). This finding has been supported by other scholarly articles that have found that sexual violence is associated with risky sexual behaviors such as higher rates of STDs and inconsistent condom usage (Stockman, Campbell, & Celentano, 2010).

However, in light of these statistics, there is a growing body of literature that focuses on women’s assertiveness within sexual relationships. Another way to conceptualize the underlying meaning of the *Control* subscale is to explore the term *sexual self-efficacy*. According to Bandura (1977), self-efficacy is an individual’s belief about their ability to perform a particular

behavior in a given situation. Research states that being able to manage one's own sexual experiences can contribute to sexual health and risk reduction (i.e., increased condom usage; Rostosky, Dekhtyar, Cupp, & Anderman, 2008). Additionally, Halpern-Felsher, Kropp, Boyer, Tschann, and Ellen (2004) conducted a study with 256 adolescents ( $N = 112$  females) and discovered that sexual self-efficacy pertaining to sexual communication was associated with more positive perceptions of condoms and subsequently more condom usage and commitment.

**Moral judgment.** Moral judgment is a multifaceted framework that refers to the evaluation of the “goodness” or “rightness” of a particular behavior and also provides evidence to support why people behave the way they do (Moreland & Leach, 2001). Interestingly, there was a point in history when White people did not believe Blacks were capable of engaging in moral judgment and believed that sexual immorality was an inherent racial trait (Roberts, 2010). However, Black women have attempted to combat these images by creating alternative definitions of sexual identity. This new identity was heavily influenced by religion. For many Black women, religion and morality were inherently connected to each other. Black women believed that in order to dismantle the sexual stereotypes inherited from slavery, they had to promote chastity. Under this notion is how “respectability politics” (Higginbotham, 1992) emerged in which Black people, but especially Black women, utilized self-presentation methods that downplay sexuality and focused on morality as a means to counter the stereotypes of Black people that existed (Pitcan, Marwick, Boyd, 2018). The thought was that downplaying sexuality would serve as a method to resist the sexual objectification and exploitation that has impacted so many Black women. Thus, under the politics of respectability, Black women were to combat the “animal-like” stereotype by conducting themselves as “ladies” who shielded their bodies and concealed their sexuality. However, this minimization of sexuality led to a sexually repressive



culture, particularly for Black women, that emphasized “cisgender heteronormativity, rigid sex and gender roles, patriarchy, and procreation” (Lomax, 2018, p. 191).

However, this mentality had generational ramifications and Black women of today’s society are continuing to grapple with conflicting messages about sex and sexuality. Some Christian denominations encourage abstinence until marriage, while peers and/or the media may encourage sexual exploration. Thus, exposure to these contradictory messages may result in an inconsistency between behavior and cognition. Festinger (1962) proposed that people try to reduce their discomfort with dissonance in order to create congruency between their actions and cognitions because it is this notion of congruency that fosters higher her self-esteem.

**Adaptiveness.** Not only is congruency an important aspect of Moral Judgment, but it is also a factor that drives the Adaptiveness subscale of sexual self-esteem. In the context of sexual self-esteem, adaptiveness occurs when one’s sexual behaviors align with their personal goals and/or aspirations. Zeanah and Schwarz (1996) posit that even if individuals are not participating in sexual activities, sex presents itself in fantasies, hopes, fears, and dreams; thus, a woman’s satisfaction with adaptiveness occurs when she does not experience sexual guilt. This notion illustrates that sex and sexuality are natural and healthy components of life, but it is particularly important for women in particular to embrace this perspective so that they do not feel guilty for engaging in sex-positive behaviors. The beauty of sex-positivism is that it supports women’s sexual desires and encourages women to make decisions about their sexual selves based on their own desires. In her article, Lindsey (2013) discusses how sex-positive Black feminism manifests in popular culture by providing a detailed analysis of the music lyrics and videos of two Black female artists. Lindsey argues artists such as Kelly Rowland and Ciara embody sex-positive representations of Black womanhood as they utilize their musical platforms to illustrate that

there are various iterations of women's sexual expression. Lindsey (2013) suggests these artists normalize Black women's sexual agency and empower Black women to self-define their sexual realities.

## **SEXUAL SOCIALIZATION**

As previously mentioned, the legacy of slavery and the lasting effects of racism, have heavily influenced Black women's sexuality. However, there are additional factors that influence the sexuality of Black women such as sexual socialization. An examination of sexual socialization may be beneficial in the discourse surrounding positive sexuality because individuals develop their own beliefs, attitudes, and expectations about sex and sexuality through many agents such as parents, peers and the media (Stephens & Phillips, 2005). The process of sexual socialization begins during childhood, increases as an individual reaches puberty, and continues throughout adulthood. It has been suggested that during early childhood development, sexual socialization is heavily influenced by parental figures (Belgrave, Van Oss Marin, & Chambers, 2000; Rouse-Arnett & Dilworth, 2006). As individuals transition from childhood into adolescence and beyond, sexual socialization may be more influenced by peers than parental figures (Berntson, Hoffman, & Luff, 2014; Stinson, 2010; Tolman & McClelland, 2011). During adolescence and emerging adulthood, individuals are more likely to spend time with peers than their parents suggesting that one's sexual experiences may be heavily influenced by peer approval and beliefs (Aarons & Jenkins, 2002). Therefore, the current study focuses solely on the impact of peer sexual socialization rather than parental sexual socialization.

Research has found that interactions with peers can have an impact on both sexual attitudes and sexual behaviors given that individuals compare their own behavior to others when determining what is acceptable (Aarons & Jenkins, 2002). It has been found that individuals

often change their sexual cognitions and behaviors to mimic those of their peers (Aarons & Jenkins, 2002). For example, individuals with friends who are having sex are more likely to have sex; the same goes for contraceptives such that an individual is more likely to use contraceptives if their peers are using them too (Aarons & Jenkins, 2002). Related to these findings, Boone and Lefkowitz, (2004) found that among a sample of 154 sexually active college students, peer norms for condom use, sexual behaviors, and sexual attitudes were significant predictors of safer sexual behaviors. The results of their study suggest that an emerging adult is less likely to engage in risky sexual behaviors (i.e., sex with no condom and/or sex after consuming alcohol) if they believe their peers would not approve of the behavior. Similarly, Friedman and colleagues (2001) found that among a sample of 279 Latino and African American emerging adults, ages 18-24, peer norms are related to condom usage, such that condom usage increased when it was supported by peers.

One aspect of peer sexual socialization that the current study seeks to examine is the impact of permissive sexual socialization. The term permissive reflects Lottes and Kuriloff's (1994) definition which views nonmarital sexual experiences as acceptable. Historically, men have received praise from others regarding nonmarital sexual experiences, whereas women were stigmatized for similar experiences and subsequently were more likely to receive restrictive socialization messages (Kreager & Staff, 2009). However, over the past few decades there has been a cultural shift that has empowered women to make gains in sexual equality (Lottes & Kuriloff, 1994). As a result, more women are attempting to disrupt the sexual double standard that exists by engaging in more open conversations about sex and many of these frank conversations are occurring within same sex peer groups (Jackson & Cram, 2003). For Black women specifically, sharing their sexual experiences with other Black women can minimize the

feelings of guilt that may arise when engaging in premarital sexual experiences (Staples, 1972). Research has found that peers relay sexual information in a manner that is often more accepting and influential than that of parents (L'Engle & Jackson, 2008). Peer support among Black women helps to mitigate the silence that some Black women have regarding their sexual activities.

## **RELIGIOSITY**

Years of research have focused on the relationship between religiosity and sexuality and results have generally found a negative link between religiosity and sexual behaviors (McMillen, Helm, & McBride, 2011). Previous research has highlighted that high levels of religiosity can serve as a protective factor against potentially risky behaviors such as alcohol consumption, drug use, violence and early initiation of sex (McCree et al., 2003). In regard to sexual behaviors, previous studies have found that elements of religiosity such as frequency of religious services, importance of religion, and one's religious denominational affiliation can often lower one's sexual behaviors (Pluhar, Frongillo, Stycos, Dempster-McClain, 1998). For example, in their sample of 492 African American females, Ball, Armistead, and Austin (2003) found that the more frequently adolescents attended religious services, the less likely they were to engage in sexual behaviors.

Compared to other ethnic groups, African Americans are considered one of the most religious groups (Nasim, Utsey, Corona, & Belgrave, 2006). According to the Pew Research Center (2014) 79% of African Americans identify as Christian (14% Evangelical Protestant, 4% Mainline Protestant, 53% Historically Black Protestant, 5% Catholic, 3% Other Christian Groups), 3% identify with Non-Christian Faiths, and 18% are unaffiliated. Ultimately, religion has served as a guide for how many African Americans families live their lives and provides a

means of both social and psychological support. Nasim and colleagues (2006) found among a sample of 435 African Americans adolescents and young adults that individuals who attend church and participate in religious activities are more likely to encounter messages that promote refusal efficacy of risky behaviors. This study is an example of the integral role the Black church plays an integral role in establishing normative values and practices as well as determining what is considered appropriate and inappropriate behaviors (Lomax, 2018).

Within the Black community, gender is a critical component in determining one's level of religiosity. For example, previous research has found that Black women have higher levels of religiosity than Black males (Lesniak, Rudman, Rector, & Elkin, 2006). One study reported most Black women (84%) say religion is very important to them (Sahgal & Smith, 2009). For Black women, religion has served and continues to serve as a tool to recognize purpose and destiny, define character, confront various societal barriers, and many more (Mattis, 2002).

However, this importance of religion in the lives of Black women also presents a conundrum for many Black women. This conundrum is rooted in the contradictory messages Black women receive from a sexually repressive religious culture and a sexually expressive mainstream culture (Lomax, 2018). For example, novelist Kristina Roberts, known primarily by her pseudonym Zane, is a New York Best Selling author for her erotic fiction novels that highlight the sexual experiences of Black women. Black female rappers such as Cardi B, Nicki Minaj, and Lil' Kim use their music to describe how sex can be an empowering and fun act for women. TV shows such as *Scandal*, *Being Mary Jane*, and *Girlfriends* illustrate Black women as sexual beings. Ultimately, there are several mainstream examples that display how Black women are attempting to deconstruct conventional and repressive perceptions of women's sexuality. However, many Black women often struggle to balance biblical teachings, such as abstinence,

with these contemporary, sexually expressive images. Given the importance of religion in the lives of many Black women, they frequently battle having to suppress their premarital sexual desires in order to maintain and uphold their religious beliefs. Within the Black church, sex is considered appropriate between married individuals for the purpose of procreation and any other sexual experiences, especially outside of marriage, are considered sinful. Though religion often serves as a support system for many Black women, it also has a way of reinforcing the status quo particularly surrounding sexuality. Thus, it is ironic that Black women's large role within the Black church subsequently causes them to be disproportionately impacted by the repressive religious culture. For example, Abbott, Harris, and Mollen (2016), utilized a sample of 196 college women (24.5% Black) to discover that women who had higher religious commitment reported lower sexual self-esteem.

But what about the Black women who indicate that religion is important to them, but also engage in premarital sex? These women have to navigate the conflict that often exists between their religious values and their sexual desires. Newman (2002) describes this conflict that exists for many Black women as "sexual schizophrenia." Newman (2002) posits that many women live in guilt and shame because of their sexual desires and challenged these feelings by encouraging women to view sex and sexuality as healthy and natural. She even tackles a tabooer subject under the realm of sexuality, masturbation, and advocates for an alternative view of masturbation, one that is healthy rather than one that is sinful. Most notably, Newman (2002) discusses how the choices women make about sex and sexuality are their prerogative. For example, she believes that if women want to remain abstinent, they should do it because they want to, rather than feeling mandated by the church.

The relationship between religion and various domains of sexuality is complicated. Most research studies have found that religion is the primary reason individuals delay having sex or have a lower likelihood of engaging in sexual experiences (Hardy & Raffaelli, 2003). Thus, having premarital sex for some religious individuals may lead to feelings of guilt. However, individuals who have internalized religious practices and still engage in premarital sex often cope with feelings of guilt through cognitive dissonance. Cognitive dissonance (Festinger, 1962) is defined as a situation that involves conflicting attitudes, beliefs or behaviors and in order to reduce this discomfort there is an alteration in one of the attitudes, beliefs, or behaviors (McLeod, 2018). Using this theory in relation to sex and religion, many individuals often possess cognitive dissonance between their personal religious beliefs and their sexual behaviors. An example of cognitive dissonance related to religion and sex may include a Black woman focusing on religious messages that align with her personal and sexual values.

As mentioned in the previous section, peers are an integral part of many Black women's life. In accordance with reference group theory, religious peers may serve as a reference group when determining the appropriateness of sex and how/if they will act on these beliefs. (McMillen et al., 2011). Friends' religiosity influences sexual norms and friends are more likely to influence one's sexual behaviors because individuals want to obtain their peer's approval. Thus, individuals who are more religious are less likely to engage in sexual behaviors because they believe participating in these acts would cause their peers to lose respect for them. However, studies pertaining to the impact of religiosity on sexual behaviors among samples of college students have yielded mixed results. Some studies suggest that higher levels of religiosity decrease an individual's sexual behaviors (Lefkowitz et al., 2004) whereas others have found strong religious beliefs did not necessarily influence one's sexual behaviors (Poulson, Bradshaw,

Huff, Peebles, & Hilton, 2008). Thus, the current study specifically focuses on emerging adults because during college, some students may preserve the religious beliefs and practices they ascribe to, whereas others may start to change or question the religious beliefs and practices they learned during childhood and begin to adapt religious teachings to be congruent with their sexual behaviors (Leonard & Scott-Jones, 2010).

## **SEXUAL VALUES**

As Black women begin to develop their sexual identity, they must interpret and consider all sources of sexual messages and come to their own conclusions about messages they decide to align with. For the current study, “one’s belief system” will be referred to as sexual values. Sexual values are considered “moral convictions regarding what is right and wrong” within the realm of sexuality (Morgan & Zurbriggen, 2012, p. 472). It is important to analyze sexual values because an individual’s perception themselves (i.e., self-esteem) is contingent upon one’s values (Deniz, Dilmaç, & Hamarta, 2016). According to Deniz and colleagues (2016), values “represent criteria for our cognitive, emotional, and behavioral judgments” (p. 65). The messages an individual receives during their upbringing help to generate their values. As previously stated, parents, peers and the media are common sources that shape the development of sexual values (Stephens & Phillips, 2005). However, as Black women encounter these sexual messages, they must decide for themselves which ones reflect the values they have established about sex.

Most studies that have examined sexual values among emerging adults do so by encouraging participants to determine which category of the following categories best reflected their sexual values: absolutism (abstinence until marriage), relativism (sexual activity dependent on the relationship context), and hedonism (doing what feels good without hurting anyone;



Morgan & Zurbriggen, 2012; Richey et al., 2009). However, for the current study, I will utilize a narrower examination of sexual values as defined by Deardorff and colleagues (2008).

Deardorff et al. (2008) conducted focus groups and individual interviews with a group of sexually active Latino youth who were between the ages of 16 and 22 years old. Findings of their study resulted in the Sexual Values Scale, which is comprised of six culturally salient sexual values: Sexual Talk as Disrespectful, Satisfaction of Sexual Needs as Important, Female Virginitly as Important, Comfort with Sexual Communication, Sexual Comfort, and Sexual Self-Acceptance. Deardorff and colleagues (2008) divided these six sexual values among two broader categories: sexual values reflecting gender role norms (Sexual Talk as Disrespectful, Satisfaction of Sexual Needs as Important, and Female Virginitly as Important) and sexual values that reflect comfort with sexuality (Comfort with Sexual Communication, Sexual Comfort, and Sexual Self-Acceptance). Deardorff and colleagues (2008) described each of the sexual values as follows: (a) *Satisfaction of Sexual Needs as Important* (definition: endorsing the importance of having one's sexual needs met); (b) *Sexual Comfort* (definition: level of comfort in engaging in various sexual behaviors); (c) *Comfort with Sexual Communication* (definition: level of ease in regard to discussing sexual issues); (d) *Sexual Talk as Disrespectful* (definition: the notion that discussing sexual topics may be perceived as disrespectful within relationships); (e) *Female Virginitly as Important* (definition: endorsing the importance of women maintaining their virginitly until marriage); and (f) *Sexual Self-Acceptance* (definition: an evaluation of one's sexuality).

To date, this measure has not been validated with a sample of Black women. Thus, the first aim of this study is to validate this measure among a sample of Black women and then determine if these values are related to sexual self-esteem. Little research has been conducted in regards to the sexual values of Black women and much of that is the result of the silences that

exist in the literature about Black women and sexuality (Simmons, 2012). As previously mentioned, the respectability politics enabled Black people to contest the negative depictions that White people had of Black people; however, in adhering to traditional gender norms and “proper conduct” it caused Blacks to hide their inner lives leading to sexual comportment (Simmons, 2012). However, since conversations about sex and sexuality are happening more openly, particularly among Black college students, the current study intends to add insight into the inner sexual values of Black women which have typically been concealed from the literature. Although these values have yet to be validated on a sample of Black women, the following sections provide an overview explaining why these values could also be important among Black women.

**Satisfaction of sexual needs as important.** Whether through formal sex education courses or various socialization sources (e.g., interpersonal relationships, the church, the media, etc.) women generally do not receive the same messages about sexual desire, pleasure, and satisfaction that males receive. Women are taught to recognize the sexual desires of men but are hardly ever taught how to recognize their own (Tolman, 1994). A popular survey conducted by Ebony Magazine (Ashby, 2005) revealed some surprising findings surrounding Black women’s sex lives. Findings from the survey indicated that out of 7800 Black women, 16% responded that they were completely satisfied with their sex life, 25-27% responded that they were somewhat satisfied, and 18% responded that they were completely dissatisfied. However, sexual satisfaction is important in relationships because it is associated with higher levels of love, commitment, and stability (Dryden-Edwards & Stöppler, n.d.). Previous research posits that the ability to express one’s sexual needs ultimately increases sexual satisfaction because it allows an individual to have their sexual needs met as well as increases emotional closeness (Bridges, Lease, & Ellison, 2004).

**Sexual comfort.** Historically, Black women's bodies have been perceived as something that is to be controlled by others. However, during this current era of sexual liberation, scholars are encouraging Black women to take pride in their bodies and to not feel shame when exploring their bodies and the behaviors that elicit pleasure. As previously mentioned, in Hargons and colleagues' (2018) qualitative study, one participant reported she was able to ask her partner for what she wanted during sex because of her "level of comfort, body satisfaction, willingness to explore, and the love she feels in their relationship" (p. 116).

One popular way Black women have learned to value sexual comfort is through the media. The negative association between Black women and sexuality has prompted female artists, writers, and actors to redefine and rewrite the narrative of Black women's sexuality particularly through the image of the Jezebel. As previously mentioned, the Jezebel is characterized as being hypersexual and in order to redeem this stereotype, Black women have sought to desexualize it (Roberts, 2010). However, desexualization still implies an issue with Black women's sexuality and as a result some Black women are resisting these mainstream images by creating their own constructions of Black women's sexuality. Prominent Black women's celebrities are attempting to remove this stigma by embracing the normalcy of Black women's sexual desire, participation, and initiation. For example, popular songs such *Blow* by Beyonce, *Let's Talk About Sex* by Salt-N-Pepa, and *Please Me* by Cardi B include lyrics by Black women showcasing their comfort with their sexuality. When the images of Black women's sexuality are created from within rather than bestowed upon them, it fosters an authentic appreciation of one's sexual autonomy (Fasula, Carry, & Miller, 2014).

**Comfort with sexual communication.** Although women, and especially Black women, have been socialized to minimize and sometimes completely disengage from conversations that

involve sexual pleasure or sexual assertiveness, there is currently a push for Black women to embrace and initiate these conversations. Previous studies have shown that effective communication about sexuality is a critical component of a sexual relationship and also increases sexual arousal (Bridges et al., 2004). Results from the Ebony survey (Ashby, 2005) revealed that 37% of Black women were comfortable talking to their partners about what they want sexually and roughly 25-27% stated that they were somewhat comfortable talking to their partner. These relatively low numbers illustrate why it has been so important for researchers, educators, etc. to encourage Black women to engage in healthy sexual conversations.

**Sexual talk as disrespectful.** As a result of gender norms, talking about sex is generally an act that is reserved for men. It is often seen as taboo for women to discuss or even initiate conversations about sex. The effects of the sexual double standard are evident when exploring this particular sexual value given that women are often labeled as “hoes” or “sluts” if they frequently and confidently discuss sex. Therefore, Black women who adhere to “respectability politics” would be less likely to engage in sexual talk because doing so would be in direct alignment with the Jezebel stereotype, which is the image Black women have been attempting to disprove.

This value is also demonstrated through one of the interviews conducted in Tolman’s (1994) study that assessed how urban girls understand their own experiences of sexual desire. In the section of the interview with Ellen, a 17-year-old Black female who identified as very religious, Tolman describes how Ellen appeared very uncomfortable engaging in a conversation about her sexual experiences particularly because they do not align with her commitment to her religious beliefs. Tolman hypothesized that Ellen disengaged from conversations about specifically sexual desires because participating in these conversations may elicit actual sexual

desires which would conflict with her religious values. Tolman (1994) suggests Ellen's hesitation to discuss sexual desire stems from internal self-censoring mechanisms that Black women engage in as a means to suppress their sexuality to better align with the "good girl" image.

**Female virginity as important.** As previously discussed, religion and sexuality tend to be viewed negatively given that traditional religious values emphasize abstinence and female virginity. Oftentimes, female virginity is described as something "precious" or "sacred" that you only share with your husband. This notion is highlighted in a study by Childs and colleagues (2012) who conducted a qualitative study among 64 African American, female adolescents. Results of their focus groups yielded a theme the researchers defined as "respecting myself" which related to maintaining virginity (Childs, White, Hataway, Moneyham, & Gaiosio, 2012). The participants of these focus groups discussed how they believed there was a certain power, respect, and confidence that came with women who are able to maintain their virginity. Results of this study highlight some of the messages women receive about sex at a younger age, but further information is needed to better understand how these messages impact women into adulthood.

**Sexual self-acceptance.** Another way to define *Sexual Self-Acceptance* is sexual self-concept. Sexual self-concept is defined as an individual's overall concept of them as a sexual being, including both positive and negative aspects (Impett & Tolman, 2006). Research has shown that having a higher sexual self-concept allows individuals to effectively integrate their knowledge of sexual risks into their sexual behaviors (Rostosky, Dekhtyar, Cupp, and Anderman, 2008). Ultimately, when women have a positive self-concept it has been associated

with more frequent sex, diversity in sexual behaviors, and an increase in sexual desire (Impett, Muise, and Breines, 2013).

## **SUMMARY**

Although there has been a cultural shift that has encouraged women to embrace their sexuality, there is still a dearth of research on positive aspects of sexuality, specifically among Black women. Therefore, the aim of the current study is to analyze factors that influence a positive and non-behavioral aspect of sexuality known as sexual self-esteem. Specifically, the current study will assess whether peer sexual socialization, religiosity, and sexual values influence the sexual self-esteem of Black college women.

### **Chapter Three: Current Study**

To date, most research pertaining to the sexual health of Black women has focused on the importance of the development of preventative measures (e.g., STD/STI/HIV rate reduction and unintended pregnancy prevention) that can help address the sexual risk disparity that exists between Black women and women from other racial groups. While preventative sexual health educational programs are beneficial in that they aim to reduce sexual risk-taking among Black women, the present study intends to add to the current sexual health scholarship by suggesting that there is a need to focus on factors that shape positive aspects of sexuality.

Sex positivity among Black women is a burgeoning area of research primarily because Black women's sexuality has historically been framed as risky, hypersexual, and/or something controlled by others. However, I believe there is considerable value in exploring positive sexuality among Black women because it emphasizes topics that have frequently been silenced such as sexual pleasure and freedom. Sex positivity highlights strengths and well-being rather than focusing on deficits or pathology (Williams, Thomas, Prior, & Walters, 2015). Thus, the purpose of this study is to recognize areas that promote healthy and positive sexuality among Black women.

Additionally, most literature regarding the sexuality of Black women focuses on the behavioral component of sexuality, whereas the current study intends to add to that literature by exploring a positive and cognitive component of sexuality: sexual self-esteem. Vahidvaghef (2015) suggests that in order to enrich or improve one's sexual health, it requires one to have "positive attitudes and deep perceptions about sexuality" (p. 4). This perspective seems to align with cognitive behavioral theory which posits that our thoughts heavily influence our behaviors and emotions. Although behavioral interventions are more common when discussing the sexual

health of Black women, the current study draws from the cognitive behavioral framework to underscore the importance of assessing Black women's sexual cognitions that may ultimately complement Black women's sexual behaviors.

Overall, the goal of the current study is to extend our current understanding of what constitutes Black women's sexuality by examining both social and personal factors that foster high sexual self-esteem among Black college women. Historically, Black women's sexuality has been something that has been deemed secretive, something to not be discussed, but emerging literature is starting to investigate the costs of denying Black women the opportunity to freely explore and discuss their sexuality. In order to make space for these conversations, not only in academia, but in our personal lives, we must prevent Black women's sexuality from continuing to be equated to pregnancy and deviance (Tolman, 1996). Additionally, we must reconceptualize sexual experiences from only meaning sexual behaviors and consider that sex and sexuality are multifaceted and include things such as cognitions, attitudes, and feelings. Thus, by challenging these previous stereotypes of Black women's sexuality, it increases the opportunities for Black women to learn more about themselves as well as fosters empowerment in a system of oppression.

Based on the review of the literature, the following research questions and hypotheses were created. See Figure 1 for a conceptual model of the concepts that were assessed.



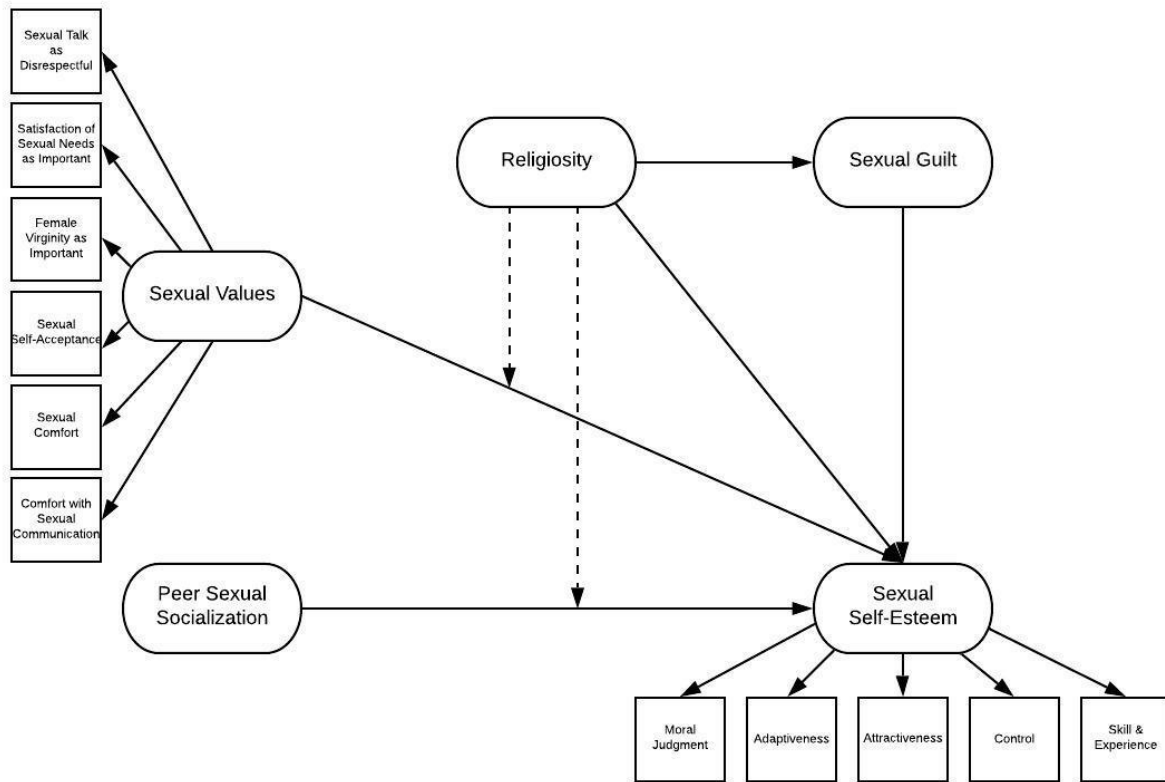


Figure 1. Conceptual model of study

Note. Solid lines represent direct correlations and dotted lines represent moderation.

**RESEARCH QUESTION 1:** Is peer sexual socialization linked to higher sexual self-esteem?

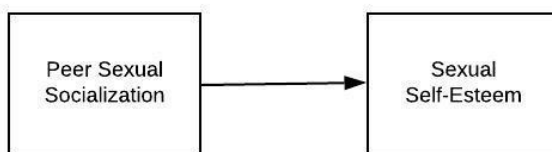
**Hypothesis 1:** Higher scores on peer sexual socialization will be linked with increased sexual self-esteem.

*Rationale:* As individuals transition into emerging adulthood, peers become more of an influential source of sexual socialization than parents (Lefkowitz, Boone & Shearer, 2004).

Researchers have noted that Black women tend to be more open about their sexual experiences among their peer groups (Stephens & Phillips, 2005; Weinberg & Williams, 1988). For example, when individuals receive accepting messages about sex from their peers, they are more likely to initiate sexual intercourse (L'Engle & Jackson, 2008).

Given the trend towards sex-positive experiences among women, it is hypothesized that women will receive more permissive sexual socialization messages from peers, which in turn will increase their sexual self-esteem. The term permissive will reflect Lottes and Kuriloff's (1994) definition which states permissiveness is "acceptance of nonmarital sexual interactions" (p. 205). Essentially, permissiveness indicates a less restrictive view of nonmarital sexual interactions. Historically, women have reported more non-permissive sexual influences than men (Lottes & Kuriloff, 1994), however, more recent literature has described how receiving more positive messages about sex could encourage healthy sexual behaviors among college women (Johnson, 2017).

Thus, given the recent strides that have been made towards sexual equality (Lottes and Kuriloff, 1994), I hypothesize that permissive messages will be significantly and positively linked to sexual self-esteem because the social messages Black women receive from peers may encourage Black college women's sexual exploration and ultimately increase their sexual self-esteem.

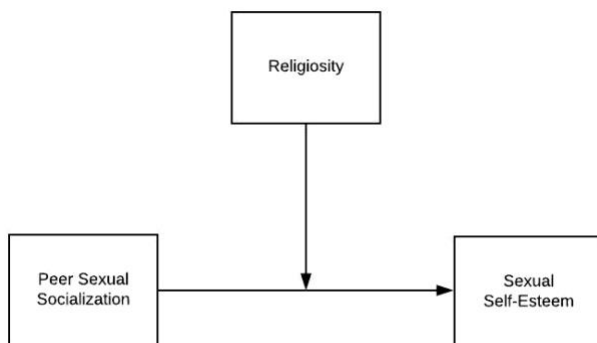


*Figure 2. Research Question 1 Correlation Model*

**RESEARCH QUESTION 2:** Does religiosity moderate the link between peer sexual socialization and sexual self-esteem?

**Hypothesis 2:** Religiosity will moderate the link between peer sexual socialization and sexual self-esteem.

*Rationale:* The more permissive peer sexual socialization messages a Black woman is receiving, the more likely those messages are conflicting with her religious beliefs, and in turn, a high score on religiosity will negatively impact sexual self-esteem. The duality of women's sexuality is complicated; on one hand women are being encouraged to explore their sexuality just as freely as men, but on the other hand, our society's deeply rooted patriarchal norms often hinder women's ability to freely explore their sexuality. Women are still receiving messages, particularly through religious institutions, that they should not engage in premarital sex. Thus, this religious teaching is likely to affect the sexual self-esteem of religiously committed Black women who have also been socialized to believe sexual exploration is appropriate and normal for women. Trying to grapple with these two conflicting sources of socialization may result in a decrease in sexual self-esteem as the woman attempts to conceal or compartmentalize various aspects of her sexuality in order to appease the socially prescribed expectations of both her peers and her religion.



*Figure 3.* Conceptual Model of Research Question 2

**RESEARCH QUESTION 3:** What is the relationship between sexual values and the subscales of sexual self-esteem?

**Hypothesis 3a:** High scores on Satisfaction of Sexual Needs as Important Scale will be linked with high scores on Skill/Experience.

*Rationale:* I hypothesized that of the six sexual values, only *Satisfaction of Sexual Needs as Important* would be linked to higher scores on Skill/Experience based on previous literature. For example, Holmberg and Blair (2009) conducted an online study (76% women) analyzing subjective aspects of sexuality: sexual desire, communication, and satisfaction. Results of the study indicated women scored slightly higher than men on general sexual satisfaction within a relationship. Results also found that women were more sexually satisfied among a range of non-orgasmic sexual practices (e.g., kissing) than men (Holmberg & Blair, 2009). Therefore, given women experienced higher sexual satisfaction within relationships, the current study hypothesizes that valuing sexual satisfaction will predict an increase in one's ability to please or to be pleased by a sexual partner (i.e., the definition of the Skill/Experience subscale).

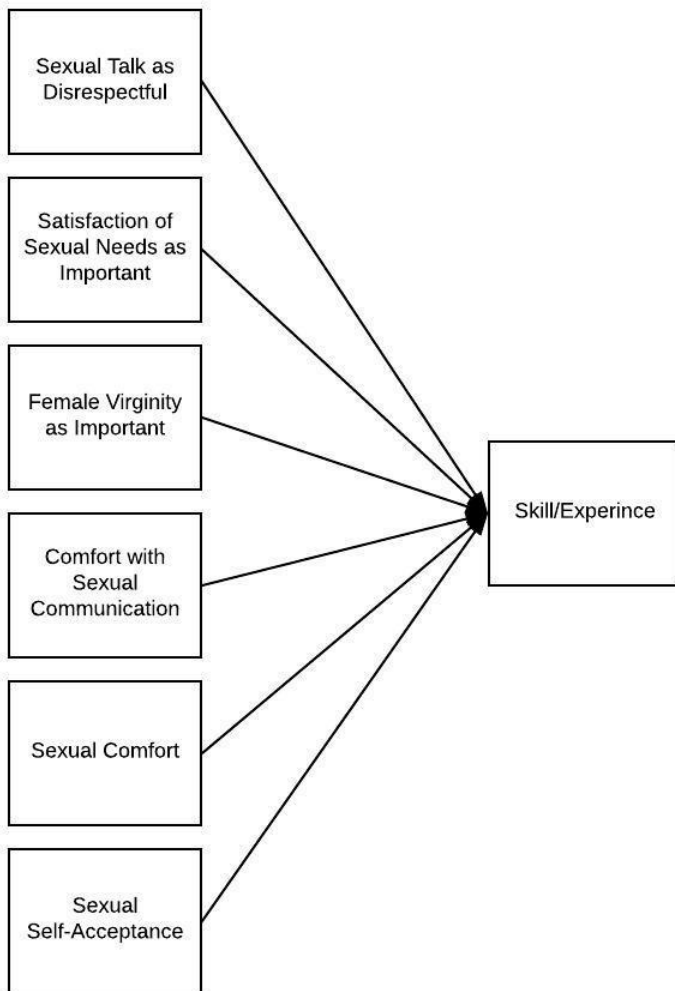


Figure 4. Conceptual Model of Research Question 3a

**Hypothesis 3b:** High scores on Comfort with Sexual Communication will be linked with high scores on Control.

*Rationale:* I hypothesized that of the six sexual values, only *Comfort with Sexual Communication* would be linked to higher scores on *Control* based on previous literature. For example, most research on Comfort with Sexual Communication has focused on its link with sexual behaviors, specifically condom usage. For example, Wingood and DiClemente (1998) found among a sample of 128 Black women, ages 18-29, that participants who considered

themselves to have high assertive communication skills were 13 times more likely to use condoms during sexual intercourse. The aforementioned study supports the hypothesis that being more comfortable with sexual communication will increase the *Control* subscale of sexual self-esteem. If a Black college woman feels she is comfortable discussing sexual issues, it is hypothesized that it will increase how well she can manage her thoughts, feelings, and behaviors during sexual encounters.

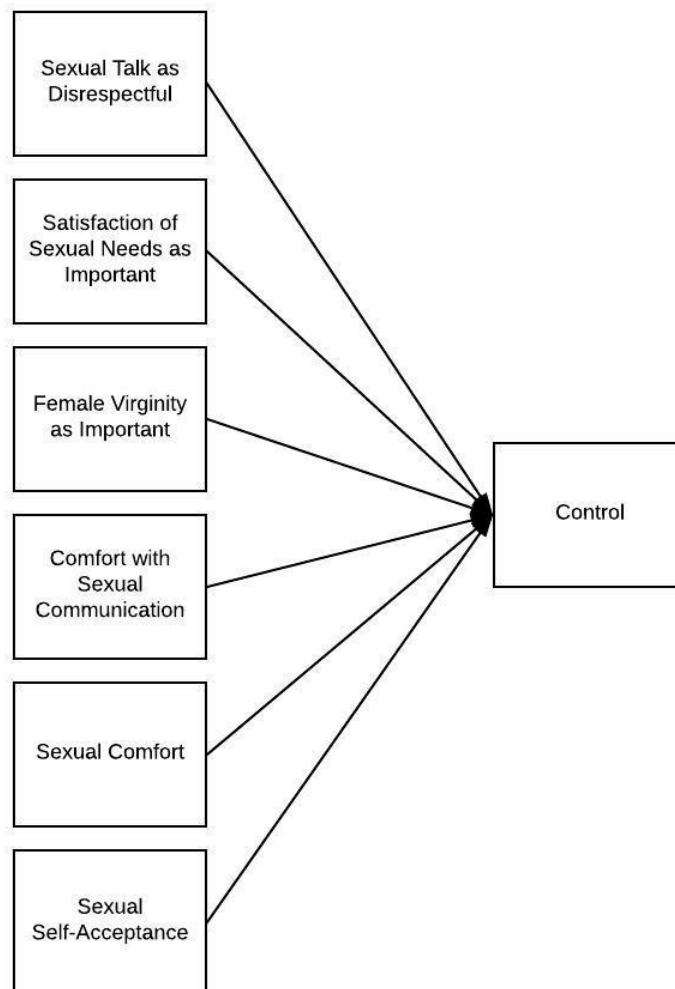


Figure 5. Conceptual Model of Research Question 3b

**Hypothesis 3c:** High scores on Sexual Self-Acceptance will be linked with high scores on Adaptiveness.

*Rationale:* I hypothesized that of the six sexual values, only *Sexual Self-Acceptance* would be linked to higher scores on *Adaptiveness* based on previous literature. For example, Higgins and colleagues (2011) conducted a study to analyze sexual satisfaction among a sample of undergraduate students ( $N = 3186$ , 64% women). Results of the study indicated that women who felt comfortable with their own sexuality were more likely to report psychological sexual satisfaction. In their study, “comfort with sexuality” was defined as not feeling ashamed or embarrassed of one’s sexuality and “psychological sexual satisfaction” suggested emotional fulfillment (e.g., pleasure; Higgins et al., 2011). Ultimately, the terms from the aforementioned study relate to terms presented in the current study. For example, the value of Sexual Self-Acceptance mirrors the definition of “comfort with sexuality” and “psychological sexual satisfaction” relates to the Adaptiveness subscale of sexual self-esteem. Thus, based on the findings from Higgins and colleagues (2015), I hypothesize that high sexual self-acceptance will be positively and significantly linked to adaptiveness.

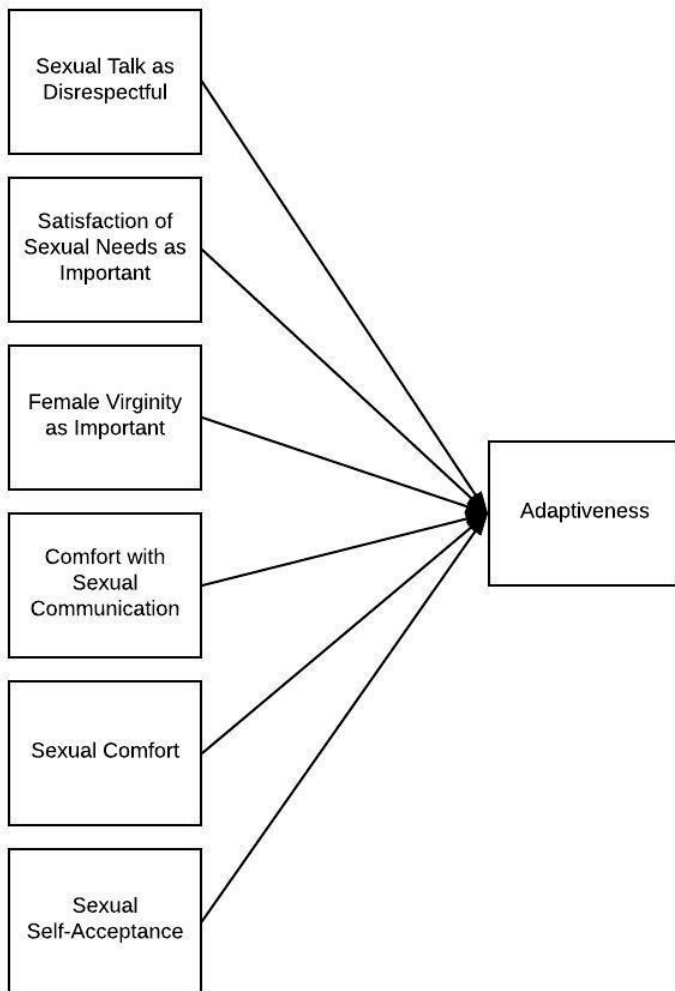


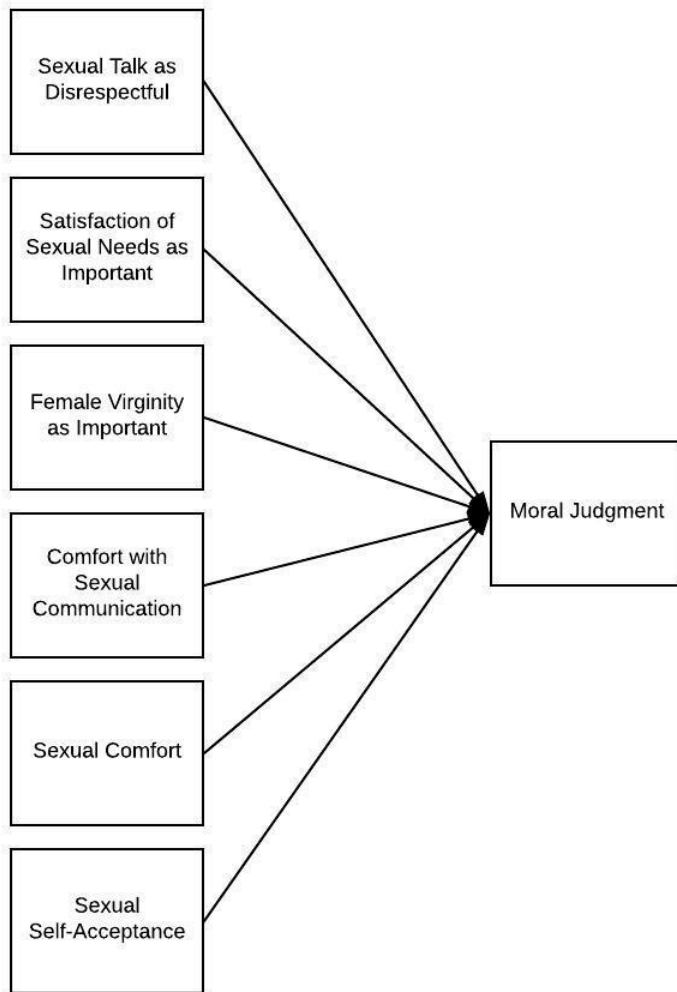
Figure 6. Conceptual Model of Research Question 3c

**Hypothesis 3d:** High scores on Sexual Self-Acceptance are linked with high scores on Moral Judgment.

*Rationale:* I hypothesized that of the six sexual values, only *Sexual Self-Acceptance* would be linked to higher scores on *Moral Judgment* based on previous literature. Sexual Self-Acceptance explores an individual's acceptance of his/her sexuality; therefore, a person who highly endorses the value of Sexual Self-Acceptance is able to acknowledge and accept the good and bad qualities of their sexuality. Pillay (2016) suggested that there is a link between self-



acceptance and self-esteem such that poor self-acceptance leads to low self-esteem. The aforementioned article supports the hypothesis that Sexual Self-Acceptance is positively and significantly linked to Moral Judgment. If a Black woman is accepting of her own sexuality, then it is hypothesized that her sexual thoughts, feelings, and experiences will be congruent with her moral standards of sex.



*Figure 7. Conceptual Model of Research Question 3d*

**Hypothesis 3e:** High scores on Sexual Comfort will be linked with high scores on Attractiveness.

*Rationale:* I hypothesized that of the six sexual values, only *Sexual Comfort* would be linked to higher scores on *Attractiveness* subscale given that several items on the Sexual Comfort subscale relate to comfort with one's body. A woman is more able to initiate, participate, and enjoy sexual activities if she has a positive perspective of her body image (Cherry, 2020; Weiderman & Hurst, 1998). Women may be more comfortable engaging in a myriad of sexual activities when they are not constantly critiquing their own bodies. Being comfortable in one's own body may foster sexual freedom among women.

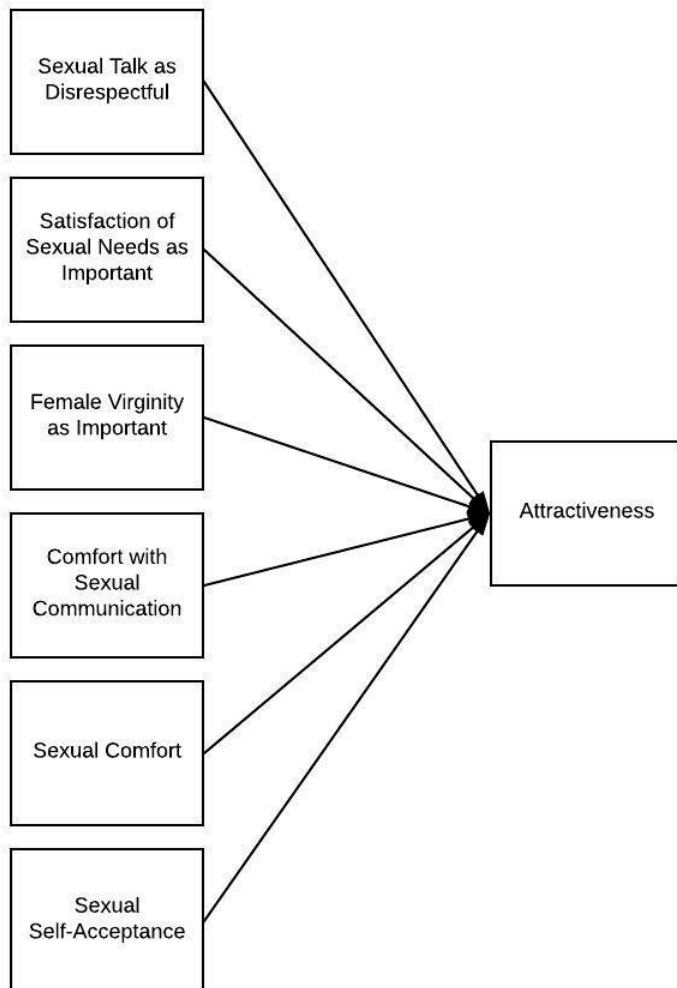


Figure 8. Conceptual Model of Research Question 3e

**RESEARCH QUESTION 4:** Does religiosity moderate the link between sexual values and sexual self-esteem?

**Hypothesis 4:** Religiosity will moderate the link between Sexual Self-Acceptance and sexual self-esteem.

*Rationale:* Wyatt and Dunn (1991) found among a sample of 248 women ( $N = 128$  African American) that Black women had higher levels of sex guilt compared to their White peers primarily due to differences in levels of religiosity. Findings of this study suggested that inconsistencies between one's values (sexual vs religious) may result in guilt leading to a decrease in one's sexual self-esteem. Thus, it is hypothesized that even if a woman is accepting of her sexuality, that she will experience a decrease in sexual self-esteem if she perceives engaging in a sexual activity as a moral transgression.

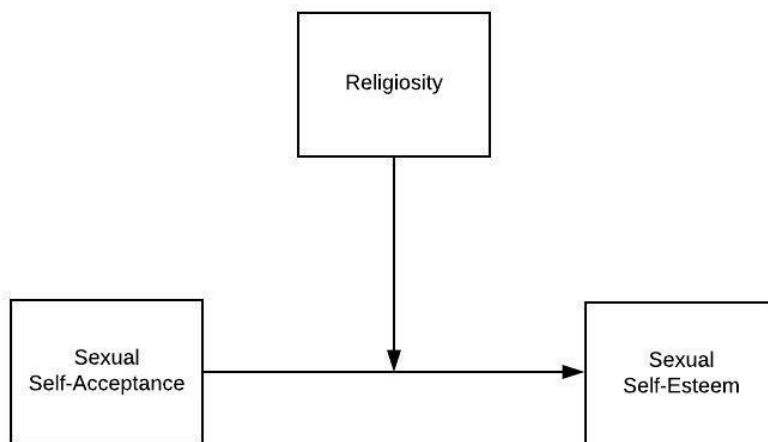


Figure 9. Conceptual Model of Research Question 4

**EXPLORATORY RESEARCH QUESTION 1:** What is the link between sexual values and sexual behaviors, specifically condom usage?

**Hypothesis:** Higher scores on *Comfort with Sexual Communication*, *Sexual Comfort*, and *Sexual Self-Acceptance* will be linked with increased condom usage frequency.

*Rationale:* It is important to understand the role of cultural values as well as attitudes towards sex in order to grasp how they influence sexual behaviors (Tolman, 1994). For example, Tschann and Alder (1997) found that among an ethnically diverse sample of young women (49% Black), sexual self-acceptance was positively associated with contraceptive usage. Additionally, sexual communication is an important part of intimate relationships. Although it may be challenging and often uncomfortable to facilitate sexual conversations, research has shown that individuals who are able to participate in sexual communication are more likely to use contraception as well as explore other facets of sexuality such as sexual histories and sexual fantasies (Tschann & Alder, 1997).

Lastly, it is hypothesized that Black women who are comfortable trying new things sexually, embracing their bodies, and exploring sexual fantasies, will be overall more comfortable engaging in various sexual activities, including condom usage.

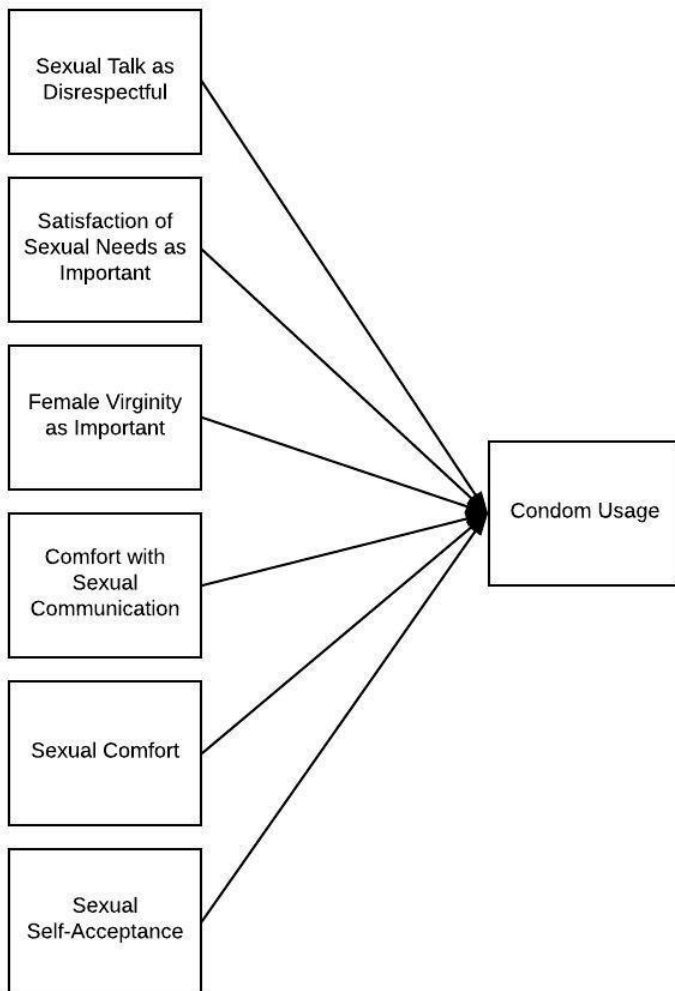


Figure 10. Conceptual Model of Exploratory Research Question 1

**EXPLORATORY RESEARCH QUESTION 2:** Does sexual dissonance mediate the link between religiosity and sexual self-esteem?

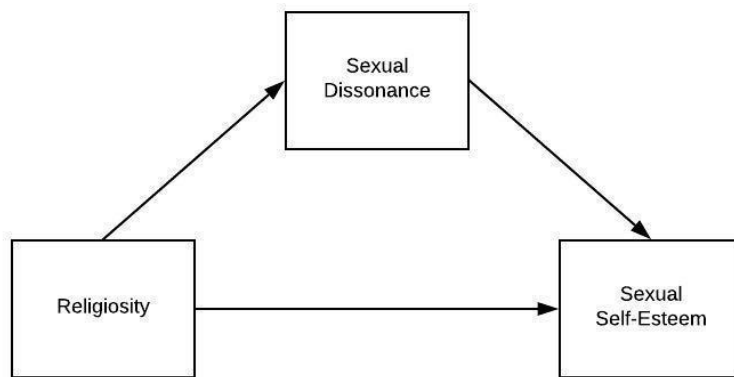
**Hypothesis:** Sexual dissonance will mediate the link between religiosity and sexual self-esteem.

*Rationale:* Emerging adulthood is a developmental period when individuals may be challenged for the first time by conflicting values (Katz, Noddings, & Strike, 1999). Emerging

adulthood is a time when individuals attempt to find a balance between themselves, others, and society in order to create a belief system that aligns with their authentic self (Katz et al., 1999). For Black women, the intersectionality of race, gender, and sexuality adds an additional complexity when attempting to establish a belief system. Given the historical images of Black women's sexuality (Mammy vs Jezebel) continue to permeate throughout our society, many Black women feel pulled to deconstruct these images, particularly that of the hypersexualized Jezebel. In order to change the narrative surrounding the Jezebel, Black women attempt to adhere to the traditional gender roles (e.g., chastity and submissiveness). This notion aligns with the politics of respectability which encourage Black people to engage in behaviors that disprove the negative stereotypes that exist (Roberts, 2010). The politics of respectability coupled with the Black church are two major ideas that continue to govern Black women's sexuality. As previously mentioned, religion is an integral component of Black communities and has been found to be even more important in the lives of Black women (Pew Research Center, 2014). Thus, in an era of increased conversations surrounding women's sexual liberation and sex-positivity, Black women must grapple with conflicting messages that, on one hand, communicate the silencing of sexuality and, on the other, encourage women to embrace and voice their sexuality. I created a brief scale for the current study that assessed Black women's awareness and internalization of the sexual contradictions that exist relating to Black women's sexuality.

Given that the Black church is a key aspect of Black culture and heritage, many Black women's first introduction to sex-based conversation had some religious underpinning (e.g., abstinence until marriage). However, data shows that premarital sex is highly normative behavior (Finer, 2007), which may result in cognitive dissonance as Black women try to negotiate two spaces that are frequently in contrast with each other: religion and sexuality.

Previous research has shown that higher levels of religiosity are linked with lower sexual self-esteem. For example, Abbott, Harris, and Mollen (2016), utilized a sample of 196 college women (24.5% Black) to discover that women who had higher religious commitment reported lower sexual self-esteem. However, there is a lack of research examining the internalization and awareness of sexual contradictions as a mediator of religiosity and sexual self-esteem. Therefore, this mediation analysis seeks to determine how religiosity is related to sexual self-esteem. It is hypothesized that sexual dissonance will mediate the relationship between religiosity and sexual self-esteem. The higher a Black women's level of religiosity, the more likely she's utilizing sexual dissonance and in turn, this sexual dissonance negatively impacts sexual self-esteem.



*Figure 11.* Conceptual Model of Exploratory Research Question 2

## **Chapter Four: Methods**

### **PROCEDURE**

Upon receiving approval from the Institutional Review Board (IRB) for the Protection of Human Subjects (Protocol Number 2019-04-0046) at the University of Texas at Austin (UT-Austin), participants were recruited via online methods such as through Facebook groups and listservs from the following organizations: Division 17 of the American Psychological Association, the Student Circle of the Association of Black Psychologists, Inc., UT-Austin Graduate Student Assembly, collegiate chapters of sororities within the National Pan-Hellenic Council, and UT-Austin Black Graduate Student Association. Participants were also recruited through the University of Texas EDP Subject Pool. Participants who completed the survey via the EDP Subject Pool were given course credit but had the option of completing an alternative assignment in lieu of participation. UT-Austin students who preferred not to participate in the EDP Subject Pool were required to complete an alternative assignment that consisted of a written review of related research. Lastly, since I was analyzing a specific population, snowball sampling was also utilized, in which participants shared the survey link with peers who matched the study's eligibility criteria.

The anonymous online survey that was developed via Qualtrics was administered to students who agreed to participate and met the criteria of 1) self-identified as Black (including African American, African, Afro-Caribbean, Afro-Latinas, etc.); 2) self-identified as female; 3) currently enrolled in college courses (undergraduate or graduate); and 4) above the age of 18. The first page of the survey explained the study in detail overviewing the purpose of the study, anticipated risks and benefits of participation, and the opportunity to give consent to participate. The survey took participants on average 30-45 minutes to complete.



## PARTICIPANTS

A total of 185 responses were recorded from Qualtrics. Thirty responses were removed during data cleaning due to blank responses, duplicates, and/or incomplete surveys (no responses after demographic items). Thus, the total sample size for the current study was 155 Black college women. The frequency distributions for age, sexual orientation, current relationship status, current academic status, and religious affiliation are displayed in Table 1. Additionally, frequency distributions of sexual behaviors are displayed in Table 2.

**Table 1**

*Demographic Backgrounds of Participants (N = 155)*

Variable	<i>n</i>	%
Age		
18-20	47	30.3
21-23	46	29.7
24-26	29	18.7
27-29	23	14.8
30 or older	10	6.5
Sexual Orientation		
Heterosexual	129	83.2
Homosexual	1	.6
Bisexual	18	11.6
Questioning	5	3.2
I prefer not to answer	2	1.3
Relationship Status		
Single	91	58.7
In a relationship	46	29.7
Engaged	6	3.9
Married	7	4.5
Civil Union	1	.6
Divorced	3	1.9
Cohabiting	1	.6
Academic Status		
First-year (undergraduate)	15	9.7
Sophomore (undergraduate)	15	9.7
Junior (undergraduate)	20	12.9

Senior (undergraduate)	38	24.5
Graduate Student	67	43.2
Religious Affiliation		
Christian	115	74.2
Catholic	10	6.5
Muslim	4	2.6
Buddhist	1	.6
Atheist	1	.6
Other (e.g., “spiritual, but not religious” or “none”)	24	15.5
Geographic location during childhood		
Urban	40	25.8
Suburban	104	67.1
Rural	11	7.1

**Table 2**

*Sexual History of Participants (N = 155)*

Variable	<i>n</i>	%
Ever had sexual intercourse?		
Yes	120	77.4
No	35	22.6
Reasons for not having sex		
I don't feel ready	15	9.7
Not had the opportunity	5	3.2
I think sex before marriage is wrong	8	5.2
Other	7	4.5
Presently Sexually Active		
Yes	86	55.5
No	35	22.6
No response	34	21.9
Presently using contraceptives		
Yes	68	43.9
No	53	34.2
No response	34	21.9
Condom usage during last sexual intercourse		
Yes	46	29.7
No	75	48.4
No response	34	21.9
Contraceptive usage frequency		

Never or rarely	29	18.7
Sometimes	25	16.1
Always	67	43.2
No response	34	21.9
Forms of contraceptives		
Birth control pills	49	31.6
IUD	14	9.0
Withdrawal (pull-out)	26	16.8
Other	24	15.5
No response	42	27.1

*Note.* A “no response” answer denotes participants who did not answer the particular question because they indicated they had never had sexual intercourse.

## MEASURES

**Demographic Questionnaire.** Participants completed a 13-item demographic measure that asked them to identify aspects of their identities such as age, academic standing, household composition, parent/guardian’s education level, socioeconomic status (SES), gender identity, sexual orientation, and household geographic area. Because the current study is not a purely randomized experiment, it is possible that there might be other variables that impact sexual self-esteem besides the main predictors and the mediator. Based on previous literature, I was curious whether age, relationship status, and religious affiliation had confounding effects on the relationship between the predictors and sexual self-esteem. In regard to age, Potki et al. (2017) conducted a meta-analysis study to explore bio-psycho-social factors that influence sexual self-concept and results of their analysis revealed that age was a biological factor that impacted sexual self-concept. Their findings suggested that with increasing age there is an increase in sexual experiences which in turn can promote positive self-concept. Relationship status was also hypothesized as a confounding variable because previous research has found that being in an exclusive relationship can influence one’s sexual self-esteem because being in a relationship may create a less judgmental context for women (Weiderman, 2000). Additionally, women have

stereotypically been perceived as relational beings, thus when women are in positive and committed relationships, it can enhance their sense of self-esteem both internally and within the relationship (Heinrichs, 2007). Lastly, religious affiliation was also considered as a confounding variable given Abbott, Harris, and Molleen (2016) found a negative correlation between religious affiliation and sexual self-esteem. Abbott et al's study found that participants raised Catholic had lower sexual self-esteem compared to participants who were not raised Catholic and that sexual permissiveness was negatively correlated to sexual self-esteem for participants who self-identified as Protestant (p. 1075).

Despite findings from previous research, results of the preliminary analyses revealed that only religious affiliation was significantly linked to sexual self-esteem and as a result, it was the only variable that was controlled for in the mediation analysis. See Preliminary Analyses section for further details.

**Sexual Socialization Inventory (SSI;** Lottes & Kuriloff, 1994). To evaluate peer sexual socialization the SSI was used, which is a 20-item measure that asks participants to respond to items on a 5-point Likert scale ranging from 1 (*strongly agree*) to 5 (*strongly disagree*). The SSI in its original form is divided into two subscales: Parental Sexual Socialization (8 items;  $\alpha = .77$ ) and Peer Sexual Socialization (12 items;  $\alpha = .85$ ); however, the current study only utilized the Peer Sexual Socialization Subscale. An example item from the Peer Sexual Socialization subscale states “My friends and I enjoy telling each other about our sexual experiences”. To score the Peer Sexual Socialization Subscale of the SSI, a raw score was calculated by summing the items of the subscale. Prior to creating a total score, seven of the twelve Peer Sexual Socialization were reverse coded (Items 2, 5, 7, 8, 10 and 12). A score for the Peer Sexual

Socialization Subscale can range between 12-60 and higher scores indicated more permissive socialization.

The items of this measure were included in a questionnaire that 557 students (48% female) received at the beginning of the first year in college in 1987. The racial breakdown of the 1987 sample was as follows: 12% Asian, 7% Black, 2% Hispanic, 76% White, and 3% Other. Of the original 557 students, 303 students (55% female) completed the second questionnaire in 1991 when they were seniors. The racial breakdown of the 1991 sample was as follows: 13% Asian, 7% Black, 1% Hispanic, 78% White, and 1% Other. Results of the study revealed that the multivariate tests for the effects of religious background and gender on the SSI were significant for gender ( $F(2, 229) = 47.54, p < .001$ ) and religious background ( $F(2, 291) = 4.66, p < .01$ ). Multivariate tests for the effects of gender and ethnicity on the SSI were significant for gender ( $F(2, 279) = 14.15, p < .001$ ) and ethnicity ( $F(4, 560) = 3.64, p < .006$ ). Cronbach's alphas for the Peer Sexual Socialization for the current study was .61. The adverse impact that low reliabilities can have on parameter estimates will be further discussed in the discussion section.

**Sexual Values Scale** (Deardorff et al., 2008). The Sexual Values Scale consists of 34 items and was initially validated on a population of sexually active Latinx (specifically individuals with Mexican, Salvadoran, or Nicaraguan origins) youth (ages 16-22). As a result, the language on the questionnaire was updated to be more developmentally appropriate for the current population (e.g., changing the word “girl” to “woman” on various items). The Sexual Values Scale is divided into six unique subscales: Sexual Talk as Disrespectful (4 items; e.g., “Is it okay for a woman to talk about sex with their partner?”), Satisfaction of Sexual Needs as Important (4 items; e.g., “Do you think once a woman is sexually excited, she needs to have an orgasm?”), Female Virginity as Important (3 items; e.g., “Do you think it’s okay for women to

have sex before marriage?”), Comfort with Sexual Communication (8 items; e.g., “How do you feel talking about what you don’t like during sex?”), Sexual Comfort (10 items; e.g., “How would you feel doing something new during sex?”), and Sexual Self-Acceptance (5 items; e.g., “Do you feel that having sex is embarrassing?”). Two items were accidentally omitted from the current study: one from the Sexual Comfort Subscale (item 7 from the original study: “How comfortable would you feel showing your sexual excitement when you have sex?”) and another from the Sexual Self-Acceptance Subscale (item 3 from the original study: “Do you think it is wrong for you to have sex?”). Thus, the current study consisted of 32 items instead of 34. The omission of these two items is a limitation of the current study that will be further discussed in the discussion section.

Participants responded to the Satisfaction of Sexual Needs as Important Subscale and the Female Virginity as Important Subscale on a Likert scale ranging from 1 (*definitely no*) to 4 (*definitely yes*). For the Comfort with Sexual Communication and the Sexual Comfort subscales, the participants used a 4-point Likert scale ranging from 1 (*very uncomfortable*) to 4 (*very comfortable*). For the Sexual Self-Acceptance Subscale participants used a 5-point Likert scale ranging from 1 (*not at all*) to 5 (*very much*). Lastly, for the Sexual Talk as Disrespectful Subscale, participants selected 0 (*no*) or 1 (*yes*) to indicate whether or not they agreed with the subitems a-f.

Prior to scoring each subscale, the following items were reverse coded: Sexual Talk as Disrespectful (Item 1), Female Virginity as Important (Items 1, 2, and 3), and Sexual Self-Acceptance (Items 1, 3, and 4). To score five of the six subscales (Satisfaction of Sexual Needs as Important, Female Virginity as Important, Comfort with Sexual Communication, Sexual Comfort, and Sexual Self-Acceptance), the items on each scale were summed and then divided

by the total number of items. To score the Sexual Talk as Disrespectful Subscale, subitems a-f were summed to create an item score that ranged from 0 (*always okay*) to 6 (*never okay*).

Cronbach's alpha for females in the initial study were as follows: Sexual Talk as Disrespectful ( $\alpha = .75$ ), Satisfaction of Sexual Needs as Important ( $\alpha = .68$ ), Female Virginity as Important ( $\alpha = .643$ ), Comfort with Sexual Communication ( $\alpha = .84$ ), Sexual Comfort ( $\alpha = .87$ ), and Sexual Self-Acceptance ( $\alpha = .73$ ). Cronbach's alpha for the current study were as follows: Sexual Talk as Disrespectful ( $\alpha = .60$ ), Satisfaction of Sexual Needs as Important ( $\alpha = .97$ ), Female Virginity as Important ( $\alpha = .90$ ), Comfort with Sexual Communication ( $\alpha = .96$ ), Sexual Comfort ( $\alpha = .99$ ), and Sexual Self-Acceptance ( $\alpha = .74$ ).

**Sexual Self-esteem Inventory for Women (SSEI-W; Zeanah & Schwarz, 1996).** Sexual self-esteem was assessed using the SSEI-W, which is an 81-item self-report measure. The SSEI-W contains five subscales: Skill/Experience (18 items; e.g., "I think I am good at giving sexual pleasure to my partner"), Attractiveness (17 items; e.g., "I am pleased with the way my body has developed"), Control (16 items; "I feel okay saying 'no' in a sexual situation"), Moral Judgment (15 items; "From a moral point of view, my sexual feelings are acceptable to me"), Adaptiveness (15 items; "All in all, I feel satisfied with my sex life"). Prior to scoring the SSEI-W, the following number of items were reverse coded from each subscale: Skill/Experience (9 items); Control (12 items); Moral Judgment (8 items); Adaptiveness (9 items). To score the SSEI-W, a raw score for each subscale was calculated by adding all the items including the items that were reverse coded. A total scale score was then created by summing the scores of the subscales such that a higher score on the scale represents a higher level of sexual self-esteem. The range of potential scores on the total scale was from 81 to 486; the total range of scores observed in the present investigation was from 210 to 475.

Cronbach's alpha for the initial study were as follows: Skill/Experience ( $\alpha = .93$ ); Attractiveness ( $\alpha = .94$ ); Control ( $\alpha = .88$ ); Moral Judgment ( $\alpha = .87$ ); Adaptiveness ( $\alpha = .90$ ). The sample characteristics of the original study were as follows: 90% White, 66% Catholic, 30% Protestant, and 73% were from two parent households. Cronbach's alpha for the current study were as follows: Skill/Experience ( $\alpha = .95$ ); Attractiveness ( $\alpha = .95$ ); Control ( $\alpha = .87$ ); Moral Judgment ( $\alpha = .89$ ); Adaptiveness ( $\alpha = .89$ ).

**Sexual and Contraceptive Questionnaire** (Zeng, Lou, & Zhou, 2015). This 9-item measure was adapted from the questionnaire developed in Zeng, Lou, Zhou's (2015) study that assessed sexuality among a sample of 158 Chinese undergraduate students. The sample characteristics of the original study were as follows: 82% female, a mean age of 21.47, 19.6% were sexually active, and of the sexually active population 54.8% used contraceptives.

Various domains of sexual health were assessed using the Sexual and Contraceptive Questionnaire. The domains included: prevalence of sexual intercourse (4 items; e.g., "current relationship status"), risk of sexual behaviors (2 items; e.g., "presently with multiple partners"), and prevalence and degree of contraceptive usage (3 items; e.g., "use of condoms vs. birth control pills"). Within the "prevalence of sexual intercourse" domain, participants responded to two of the items by selecting either "yes or no." The other two items asked respondents to select their reasoning for not engaging in sexual behaviors as well as to select the age in which they first had sexual intercourse. Participants were asked to select "yes or no" for items under the "risk of sexual behaviors domain." Lastly, for the "prevalence and degree of contraceptive usage" domain participants were asked to select the following: 1) "yes or no" regarding condom usage during last sexual intercourse; 2) how often they use condoms (i.e., frequency) on a scale from 1 (*never or rarely*) to 3 (*always*); and 3) other forms of contraceptive methods (e.g., IUD,



birth control, withdrawal). For the current study, only condom usage frequency was assessed within the exploratory hypotheses.

**Multidimensional Measure of Religious Involvement for African Americans (MMRI-AA;** Chatters, Levin, & Taylor, 1992; Levin, Taylor, & Chatters, 1995). Religiosity was assessed using the MMRI-AA, which is a 12-item measure designed specifically for African Americans. This measure is divided into three subscales: (a) organizational (formal public religious behaviors; e.g., “How often do you usually attend religious services?”), (b) nonorganizational (informal private religious behaviors outside of a religious institution; e.g., “How often do you pray?”), and (c) subjective religiosity (beliefs, feelings, and attitudes towards one’s religion; e.g., “How religious would you say you are?”). Ten of the items on the measure utilize Likert scales [ranging from 1 (*never*) to 5 (*nearly every day*) on the organization and nonorganizational religiosity subscales and from 1 (*not at all*) to 4 (*very*) on the subjective religiosity subscale], one item uses a nominal scale (yes/no) and another item uses an interval level measure to obtain an exact number. To score the measure, higher scores on items using Likert scales are associated with a higher frequency of religious involvement. For the nominal item, a “yes” response indicated a higher score. For the interval level item, a higher number is associated with a higher score.

The MMRI-AA has been validated among a sample of 1,978 African American adults from the National Survey of Black Americans (NSBA; Levin et al., 1995) and a sample of older African Americans from the NSBA who identified as 55 or older (Chatters et al., 1992). Results from these studies demonstrated that the MMRI-AA is a reliable and valid measure to assess the level of religious involvement among African Americans. In their study, Jang and Johnson (2003) also used the NSBA sample to assess the internal consistency of the MMRI-AA and

found the coefficient for the total scale to be .85. Lastly, in their study, Fraizer, Mintz, and Mobley (2005) revealed that all 36 factor loadings of the MMRI-AA were statistically significant and 35 of the factor loadings were higher than the standard .40 (range .40-.87;  $M = .60$ ). The present study will only utilize the Subjective Religiosity Subscale as a means to measure the importance of one's religiosity. Cronbach's alpha for the Subjective Religiosity Subscale for the current study was .75.

**Balanced Inventory of Desirable Responding Short Form (BIDR-16;** Hart, Ritchie, Hepper, & Gebauer, 2015). Exploring topics such as sexual values and sexual behaviors can be considered socially-sensitive topics. Thus, the effect of social desirability response bias may impact participants' responses on measures related to sex and sexuality. To increase the validity of the current study in addition to decreasing social desirability response bias, the BIDR-16 was included in the study. The BIDR-16 is a brief version of Paulhus's (1994) Balanced Inventory of Desirable Responding (BIDR), which contains 40 items: 20 impression management (IM) items and 20 self-deceptive enhancement (SDE) items. The BIDR-16 consists of 16 items: 8 IM items and 8 SDE items. The IM subscale assesses one's tendency to give consciously inflated self-descriptions (e.g., "I never regret my decisions") and the SDE subscale assesses one's tendency to give honest but unconsciously inflated self-descriptions (e.g., "I sometimes tell lies if I have to"; Meston, Heiman, Trappell, & Paulhus, 1998). Participants rated their agreement to each item on a Likert scale ranging from 1 (*not true*) to 7 (*very true*). Scoring for this measure followed Stöber, Dette, and Musch's (2002) recommendations for continuous scoring rather than dichotomous scoring given that this scoring method has shown higher Cronbach's alphas. After negatively worded items were reversed coded, a subscale score was calculated by summing the

points across the 8 items. Higher scores on this subscale indicates that a person is more likely giving honest, but positively biased self-reports (Hart et al., 2015).

Given that Hart and colleagues wanted to introduce a shorten version of the original BIDR-40, their study consisted of four studies in order to ensure reliability, validity, and the two-factor structure. Therefore, the Cronbach's alpha for continuous scoring ranged between .64 - .69 for SDE and between .71 - .73 for IM. The current study reported a Cronbach's alpha of .70 for SDE and .71 for IM. For the current study only the SDE subscale will be utilized.

**Sexual Dissonance Scale for Black Women.** Given previous literature has stated that Black women frequently encounter contradicting messages about sexuality from factors such as religion, the media, and socialization (Emerson, 2002; Stephens & Phillips, 2003), I intended to examine the internalization and awareness of the conflicting messages Black women receive about their sexuality. This scale attempted to explore the extent to which a Black woman cognitively buys into socially created messages about Black women's sexuality. I first developed a set of 27 questions that were to be rated on a 5-point Likert scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). The items were constructed using personal experience and literature on Black women's sexuality. An example item includes "I feel conflicted between my spiritual beliefs and my sexual practices." Once the items were developed, I recruited 5 peers who self-identified as Black college women who first took the measure and then provided me with feedback on the content of the items. After gathering the feedback from all 5 peers, I updated the measure to include 15 items, 4 of which need to be reverse coded prior to making a total score. An exploratory factor analysis was conducted resulting in three unique factors: sexual guilt (6 items; e.g., "My guilt has prevented me from engaging in a particular sexual behavior"); conflicting beliefs (3 items; e.g., "Black women derive strength from their religion, but must also

reconcile sexuality with their religion); and “sexual objectification” (1 item; e.g., “Black women are always lusted after, but never loved”). The final measure consisted of 10 items.

The current study serves as the pilot study for this particular measure. The only reliable factor was Sexual Guilt, and as a result, the current study will only analyze this particular factor. The Cronbach’s alpha for the current study were as follows: Sexual Guilt ( $\alpha = .80$ ) and Conflicting Beliefs (.47). A Cronbach’s alpha for Sexual Objection could not be determined since the factor only contained one item.

**Exploratory Measures.** For future exploratory purposes, the following measures were also included in the current study but were not assessed in the primary analyses: The Dyadic Sexual Communication Scale (DSC; Catania, 1998) and the Family Sex Communication Quotient (FSCQ; Wareen & Neer, 1986). The DSC is a 13-item measure that assessed how participants perceive the discussion of sexual matters with their intimate partners. Participants rated their agreement to each item on a Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). A total score was calculated by summing the points across the 13 items. Prior to creating a total score, the following items were reverse coded: 1, 2, 3, 4, 5, 6, and 7. A higher score indicates to higher sexual communication whereas a low score indicates low sexual communication. The Cronbach’s alpha for the original study was reliable ( $\alpha = .81$ ). The Cronbach’s alpha for the current study was also reliable ( $\alpha = .80$ ).

The FSCQ is an 18-item measure designed to assess family orientation to discussions about sex between parents and children. This scale measures three domains: comfort (6 items; e.g., “I can talk to my parents about almost anything related to sex”), information (6 items; e.g., “I feel better informed about sex if I talk to my parents”), and value (6 items; e.g., “Sex should be one of the most important topics for parents and children to discuss). Participants rated their

agreement to each item on a Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). After reverse coding six of the items, a total scale was calculated by summing the points across the 18 items. Cronbach's alpha for the initial study was highly reliable ( $\alpha = .92$ ) as well as for the current study ( $\alpha = .89$ ).

## **PRELIMINARY ANALYSES**

**Baseline Data.** Once the data was collected and cleaned using SPSS 26, descriptive statistics (e.g., means, standard deviations and correlations) were calculated for the independent and dependent variables. Bivariate correlations among the main variables are presented in Table 3 and descriptive statistics for the main variables are presented in Table 4.

**Table 3***Bivariate Correlations among Main Variables for Entire Sample*

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. SVS: Sexual Talk as Disrespectful	-													
2. SVS: Sexual Needs as Important	.15	-												
3. SVS: Sexual Self-acceptance	-.21*	-.16	-											
4. SVS: Female Virginity as Important	.18*	.18*	-.56**	-										
5. SSEI: Skill/Experience	-.15	-.15	.38**	-.20*	-									
6. SSEI: Attractiveness	-.36**	-.16	.32**	-.21*	.41**	-								
7. SSEI: Control	-.22	-.04	.35**	-.26**	.63**	.49**	-							
8. SSEI: Moral Judgment	-.25*	-.17	.72**	-.52**	.44**	.46**	.55**	-						
9. SSEI: Adaptiveness	-.17	-.09	.48**	-.37**	.69**	.41**	.64**	.62**	-					
10. Social Desirability: Self-deceptive enhancement	-.02	.05	.37**	.01	.44**	.37**	.47**	.47**	.48**	-				
11. Religiosity	.09	.24**	-.29**	.37**	.06	-.00	-.04	-.26**	-.09	-.03	-			
12. Peer Sexual Socialization	-.19*	-.01	.25*	-.30**	.18	.10	.01	.23*	.18	.17	-.15	-		

13. Sexual Guilt	.11	.21	-.61**	.47**	-.30**	-.29**	-.26*	-.68**	-.52**	-.35	.43**	-.33**	-
14. Condom Use Frequency	-.07	.03	.08	-.05	.17	.17	.06	.15	.27**	.05	-.03	.30**	-.20 -

*Note.* \*  $p < .05$  (2-tailed), \*\* $p < .01$  (2-tailed). Pearson correlation was utilized for variables 1-13. Spearman's rho was utilized for condom usage since it is an ordinal variable.

**Table 4***Descriptive Statistics among Main Variables for Entire Sample*

Variable	<i>n</i>	<i>M</i>	<i>SD</i>
1. SVS: Sexual Talk as Disrespectful	144	.63	.71
2. SVS: Sexual Needs as Important	151	2.00	.74
3. SVS: Sexual Self-acceptance	125	4.24	.86
4. SVS: Female Virginity as Important	149	1.57	.84
5. SSEI: Skill/Experience	103	78.21	19.12
6. SSEI: Attractiveness	105	71.95	18.95
7. SSEI: Control	103	74.72	13.46
8. SSEI: Moral Judgment	100	69.19	14.66
9. SSEI: Adaptiveness	95	70.75	13.55
10. Social Desirability: Self-deceptive enhancement	120	31.11	7.94
11. Religiosity	154	9.06	2.03
12. Peer Sexual Socialization	129	34.47	5.92
13. Sexual Guilt	88	13.49	5.36
14. Condom Use Frequency	120	.59	.49



**T-Tests.** A *t*-test was conducted to explore the effects of education classification on the main outcome variable: sexual self-esteem. Results of the independent samples *t*-test revealed that there is a statistically significant difference between the mean number of sexual self-esteem among undergraduate ( $M = 347.33$ ,  $SD = 61.83$ ) and graduate students ( $M = 381.34$ ,  $SD = 60.57$ ). Since the data indicated a higher mean score for graduate students, I concluded that graduate students had higher sexual self-esteem than undergraduate students. See Table 5 for bivariate correlations among undergraduate and graduate students.

Another *t*-test was conducted to explore the effects of the self-deception enhancement (SDE) on the completion of the sexual self-esteem inventory. Results of the independent samples *t*-test revealed that there is a statistically significant difference between the mean number of participants who completed the sexual self-esteem inventory ( $M = 32.14$ ,  $SD = 8.09$ ) and participants who did not completed the sexual self-esteem inventory ( $M = 28.97$ ,  $SD = 7.26$ ). Results of this analysis reveal that those who did not complete the sexual-self-esteem inventory had lower SDE. Additional discussion of this finding will be presented in Chapter 6.

**Table 5***Bivariate Correlations among Main Variables for Graduate and Undergraduate Students*

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14
<b>Graduate Students (N = 67)</b>														
1. SVS: Sexual Talk as Disrespectful	-													
2. SVS: Sexual Needs as Important	.27*	-												
3. SVS: Sexual Self-acceptance	-.27*	-.20	-											
4. SVS: Female Virginity as Important	.36**	.27*	-.66**	-										
5. SSEI: Skill/Experience	-.16	.04	.44**	-.27*	-									
6. SSEI: Attractiveness	-.43**	-.31	.53**	-.42*	.32**	-								
7. SSEI: Control	-.24	.05	.51**	-.28**	.71**	.42**	-							
8. SSEI: Moral Judgment	-.42*	-.12	.78**	-.62**	.49**	.58**	.63**	-						
9. SSEI: Adaptiveness	-.33*	.06	.46**	-.44**	.75**	.44**	.66**	.59**	-					
10. Social Desirability: Self-deceptive enhancement	-.19	.15	.47**	-.29*	.51**	.45**	.59**	.52**	.57**	-				
11. Religiosity	.25*	.28*	-.35**	.37**	.02	-.17	-.07	-.29*	-.11	-.04	-			

12. Peer Sexual Socialization	-.27*	.09	.34*	-.47**	.17	.21	.09	.40**	.28*	.35*	-.21	-		
13. Sexual Guilt	.30*	.14	-.69**	.66**	-.41**	-.48**	-.34*	-.67**	-.61**	-.42**	.43**	-.47**	-	
14. Condom Use Frequency	-.08	.08	.07	-.12	.25	.21	.13	.23	.44**	.23	-.06	.26	-.39**	-
<b>Undergraduate Students (N = 88)</b>														
1. SVS: Sexual Talk as Disrespectful	-													
2. SVS: Sexual Needs as Important	.05	-												
3. SVS: Sexual Self-acceptance	-.20	-.09	-											
4. SVS: Female Virginity as Important	.07	.11	-.47**	-										
5. SSEI: Skill/Experience	-.19	-.35*	.26	-.11	-									
6. SSEI: Attractiveness	-.33**	-.01	.12	.01	.48**	-								
7. SSEI: Control	-.26	-.15	.09	-.20	.51**	.56**	-							
8. SSEI: Moral Judgment	-.06	-.23	.69	-.42**	.35*	.32*	.38**	-						
9. SSEI: Adaptiveness	-.05	-.23	.39*	-.24	.61*	.35**	.58**	.64**	-					
10. Social Desirability: Self-deceptive enhancement	.11	-.00	.21	.27*	.30	.27	.24	.34*	.27	-				
11. Religiosity	-.02	.21	-.24	.38**	.11	.17	.04	-.22	-.03	-.06	-			

12. Peer Sexual Socialization	-.13	-.08	.15	-.17	.20	-.01	.12	-.04	.88	-.04	-.09	-		
13. Sexual Guilt	.15	.32*	-.50**	.24	-.18	-.06	-.10	-.68**	-.42*	-.22	.41**	-.15	-	
14. Condom Use Frequency	-.04	-.05	.11	.01	.09	.15	.07	.06	.10	-.14	-.03	.37*	.04	-

*Note.* \*  $p < .05$  (2-tailed), \*\* $p < .01$  (2-tailed). Pearson correlation was utilized for variables 1-13. Spearman's rho was utilized for condom usage since it is an ordinal variable.

**ANOVA.** A series of ANOVAs were run to determine if there were any statistically significant differences between the means of two or more independent groups. A one-way ANOVA was conducted to determine if sexual self-esteem was different for groups with different ages. Participants were classified into five age groups: 18-20 years old ( $N = 18$ ), 21-23 years old ( $N = 27$ ), 24-26 years old ( $N = 20$ ), 27-29 years old ( $N = 18$ ), and 30 years old or above ( $N = 7$ ). There were no statistically significant differences in sexual self-esteem scores between the different age groups,  $F(4, 85) = 1.75, p = .15$ .

Another one-way ANOVA was conducted to determine if sexual self-esteem was different for groups with different relationship statuses. Participants were classified into six groups: single ( $N = 44$ ), in a relationship ( $N = 32$ ), engaged ( $N = 4$ ), married ( $N = 5$ ), domestic partnership/cohabitating ( $N = 2$ ), divorced ( $N = 3$ ). There were no statistically significant differences in sexual self-esteem scores between the different relationship statuses,  $F(5, 84) = 1.51, p = .20$ .

A third one-way ANOVA was conducted to determine if sexual self-esteem was different for groups with different religious affiliations. Participants were classified into four groups: Christian ( $N = 66$ ), Catholic ( $N = 6$ ), Muslim ( $N = 1$ ), Other ( $N = 17$ ). Sexual self-esteem was significantly different for different religious affiliations,  $F(3, 86) = 4.24, p < .05$ .

**Structural Equation Modeling.** This study utilized Structural Equation Modeling (SEM) to analyze models that examined sexual values among Black college women. SEM is a statistical modeling technique that is used to show the causal relationships between variables (Hox & Bechger, 1998).

**Assumptions of SEM.** First, scatterplots were examined to ensure outcome variables had linear relations with independent variables. Second, random sampling techniques were used

during recruitment to ensure observations were independently drawn from each other within the population. Third, to ensure data was normally distributed, scatterplots were observed to assess skewness and kurtosis. Lastly, to assess homoscedasticity, p-p plots and residual variances of the variables were examined. Homoscedasticity is met if the ratio of the highest variance to the lowest variance is less than 10 (Keith, 2015).

**Confirmatory Factor Analysis.** Given the Sexual Values Scale has yet to be validated on a sample of Black participants, a confirmatory factor analysis (CFA) and path analysis were used to estimate the effects of each latent variable on each sexual value subscales (Sexual Comfort, Comfort with Sexual Communication, Sexual Talk as Disrespectful, Female Virginity as Important, Sexual Self-acceptance, and Sexual Needs). Stata Software (StataCorp, 2017) was used to run the CFA and establish the measurement model. The structural model for each scale was evaluated against four criteria: the chi-square ( $\chi^2$ ) likelihood ratio statistic, the Tucker-Lewis Index (TLI), the comparative fit index (CFI), and the root mean square error estimation (RMSEA). Keith (2015) reported that a CFI and TLI value of .95 or above and a RMSEA value of .05 or below are all evidence of an acceptable fit. Additionally, full information likelihood (FIML) was utilized to handle missing data.

Typically, adjustments to the models are made as needed prior to entering the latent variables into the structural model. Modification indexes (MI) were used to assess necessary adjustments. MIs are helpful because they display an estimated amount of model improvement if various changes are updated in the model (this is usually achieved by correlating variables or creating covariances between error terms). By correlating the error terms, it helps to account for the variance that is not accounted for in the single factor. Adjustments to the structural model can be made based on theoretical evidence as well as assessing the largest MI values. However,

given the Sexual Values Scale is already a validated measure, the intention of the current CFA was to confirm whether or not the six subscales appropriately fit a population of Black college women.

For the current study, I assessed the fit of each subscale. The original Sexual Values Scale consisted of six unique subscales; therefore, to mimic the analysis of the original study, I tested each subscale to assess the variance of each latent factor (Deardorff et al., 2008). Based on the CFA, only four of the six subscales were retained for the current study: Sexual Needs as Important, Sexual Self-Acceptance, Female Virginity as Important, and Sexual Talk as Disrespectful. The sexual values of Sexual Comfort and Comfort with Sexual Communication were removed from the study. Fit statistics for each subscale are provided in Table 6.

**Table 6***Results of Confirmatory Factor Analysis for the Sexual Values Subscales*

Subscale	Initial Model					Adjusted Model				
	$\chi^2$	df	TLI	CFI	RMSEA	$\chi^2$	df	TLI	CFI	RMSEA
Sexual Needs as Important	23.70	2	.77	.92	.27	.03	1	1.02	1.00	.00
Comfort with Sexual Communication	127.41	20	.70	.78	.19	46.38	18	.89	.84	.11
Sexual Self-Acceptance	27.52	2	.47	.82	.29	.32	1	1.03	1.00	0.00
Female Virginity as Important	0.00	0	1.00	1.00	0.00	-	-	-	-	-
Sexual Comfort	100.56	27	.87	.90	.13	40.50	26	.97	.98	.07
Sexual Talk as Disrespectful	15.71	2	.90	.97	.21	-	-	-	-	-

*Note.* Structural equation modeling was used for the analysis. TLI = Tucker-Lewis index; CFI = comparative fit index; RMSEA = root mean square error estimation.

Findings from the CFA showed that the initial model for the Satisfaction of Sexual Needs as Important Subscale indicated a poor fit. Two modification indices were recommended to improve model fit, but only one was made based on theoretical evidence. A modification index of 22.48 (StdYX E.P.C. = 6.85) resulted from correlating the error terms of Item 1 (“If a guy gets sexually excited, his partner should satisfy his sexual needs?”) and Item 3 (“If a girl gets sexually excited, her partner should satisfy her sexual needs?”). The adjusted model for the Satisfaction of Sexual Needs as Important Subscale is demonstrated in Figure 12 and Table 7 contains correlations among the items of the subscale.



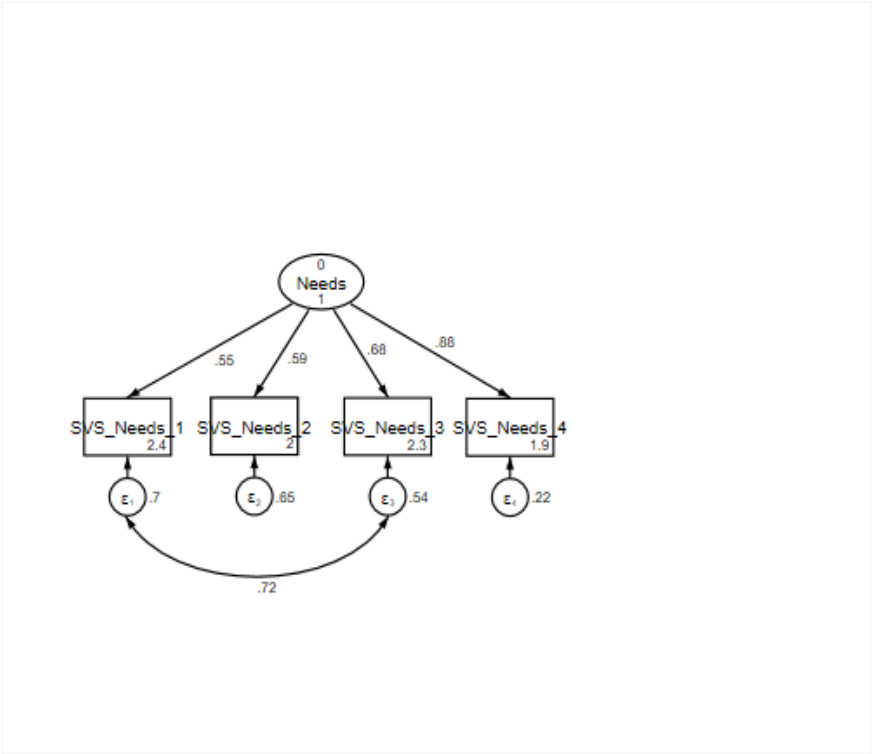


Figure 12. Confirmatory Factor Analysis for Satisfaction of Sexual Needs as Important Subscale

**Table 7***Bivariate Correlations among Items of Satisfaction of Sexual Needs as Important Subscale*

Variable	1	2	3	4	<i>M</i>	<i>SD</i>
1. Sexual Needs as Important _Item 1	-				2.13	.89
2. Sexual Needs as Important _Item 2	.33**	-			1.68	.83
3. Sexual Needs as Important _Item 3	.82**	.40**	-		2.34	1.02
4. Sexual Needs as Important _Item 4	.48**	.53**	.60**	-	1.83	.94

*Note.* \*\* $p < .01$  (2-tailed)

Findings from the CFA showed that the initial model for the Comfort with Sexual Communication Subscale indicated a poor fit. Fifteen modification indices were recommended to improve model fit but only four modification indices were made based on theoretical evidence. A modification index of 31.23 (StdYX E.P.C. = .46) resulted from correlating the error terms of Item 4 (“How comfortable would you feel talking about your sexual fantasies?”) and Item 8 (“How comfortable would you feel talking about the risk of STDs or HIV?”). Secondly, a modification index of 20.14 (StdYX E.P.C. = .37) resulted from correlating the error terms of Item 6 (“How comfortable would you feel talking about what you would do about a pregnancy?”) and Item 8 (“How comfortable would you feel talking about the risk of STDs or HIV?”). Thirdly, a modification index of 9.01 (StdYX E.P.C. = -.38) resulted from correlating the error terms of Item 2 (“How comfortable would you feel talking about what feels good to you

during sex?”) and Item 5 (“How comfortable would you feel talking about oral sex?”). Lastly, a modification index of 20.86 (StdYX E.P.C. = .40) resulted from correlating the error terms of Item 6 (“How comfortable would you feel talking about what you would do about a pregnancy?”) and Item 7 (“How comfortable would you feel talking about what you don’t like during sex?”). The adjusted model for the Comfort with Sexual Communication Subscale is demonstrated in Figure 13 and Table 8 contains correlations among the items of the subscale. This subscale was not used in the analysis because the adjusted model did not elicit a good model fit.

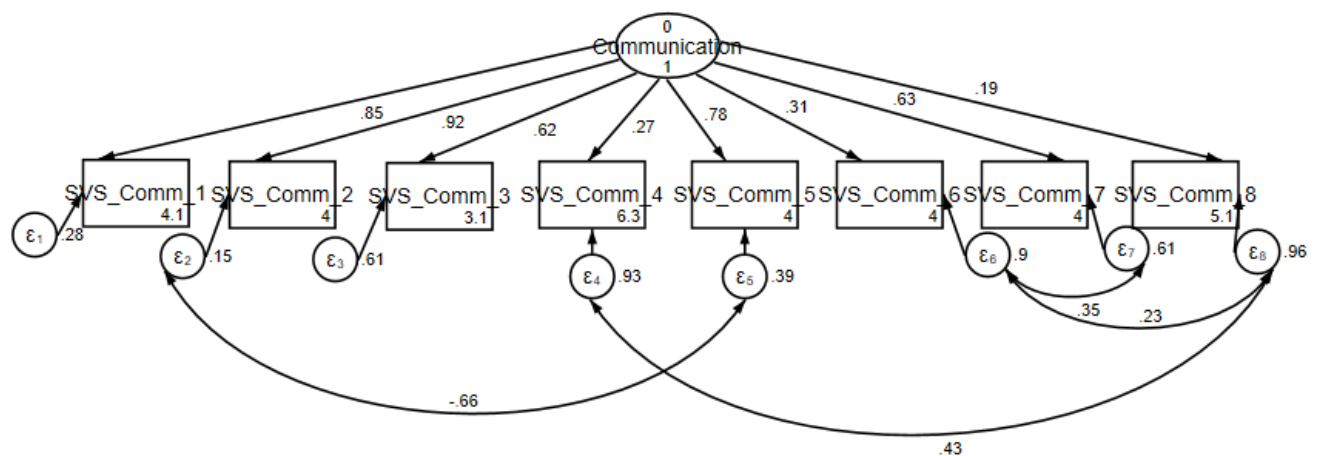


Figure 13. Confirmatory Factor Analysis for Comfort with Sexual Communication Subscale

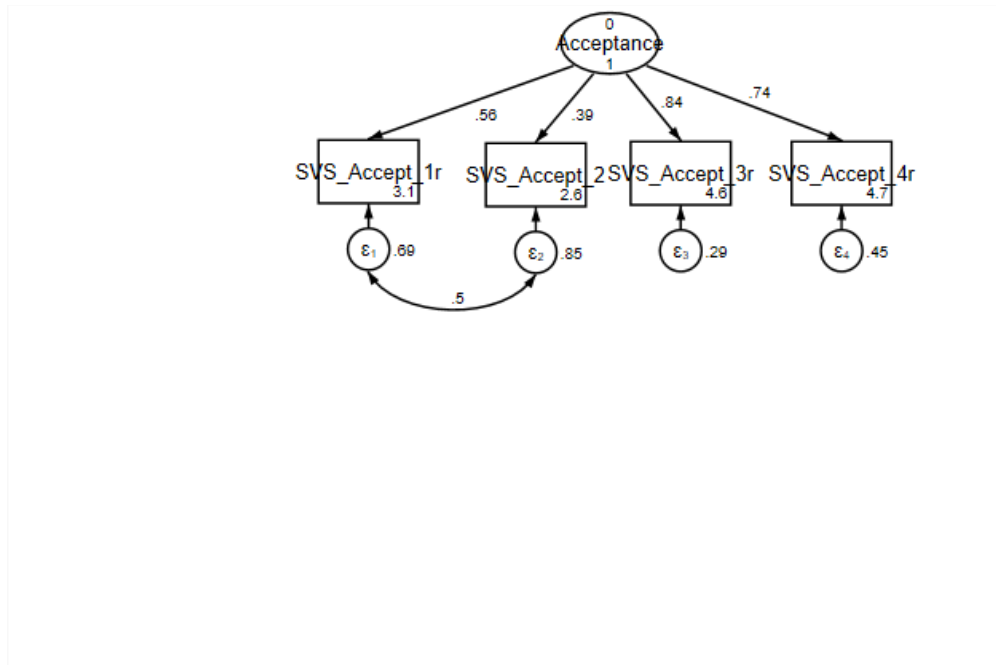
**Table 8***Bivariate Correlations among Items of Comfort with Sexual Communication Subscale*

Variable	1	2	3	4	5	6	7	8	<i>M</i>	<i>SD</i>
1. Comfort with Sexual Communication_Item 1	-								3.11	.76
2. Comfort with Sexual Communication_Item 2	.79**	-							3.14	.78
3. Comfort with Sexual Communication_Item 3	.55**	.57**	-						2.75	.88
4. Comfort with Sexual Communication_Item 4	.13	.22**	.03	-					3.62	.58
5. Comfort with Sexual Communication_Item 5	.65**	.56**	.49**	.29**	-				3.17	.80
6. Comfort with Sexual Communication_Item 6	.26**	.32**	.32**	.25**	.13	-			3.21	.84
7. Comfort with Sexual Communication_Item 7	.53**	.56**	.37**	.30**	.51**	.49*	-		3.25	.82
8. Comfort with Sexual Communication_Item 8	.12	.18*	.08	.48**	.11	.41*	.32**	-	3.49	.69

*Note.* \*  $p < .05$  (2-tailed), \*\* $p < .01$  (2-tailed)

Findings from the CFA showed that the Sexual Self-Acceptance Subscale indicated a poor fit. Four modification indices were recommended but only one modification index was made based on theoretical evidence. A modification index of 24.92 (StdYX E.P.C. = .60)

resulted from correlating the error terms of Item 1 (“Do you feel guilty about having sex?”) and Item 2 (“Do you think it’s okay for you to have sex?”). Correlating the error terms of Item 1 on Item 2 on the Sexual Self-Acceptance Subscale improved the model fit. The model for the Sexual Self-Acceptance Subscale is demonstrated in Figure 14 and Table 9 contains correlations among the items of the subscale.



*Figure 14.* Confirmatory Factor Analysis for Sexual Self-acceptance Subscale

**Table 9***Bivariate Correlations among Items of Sexual Self-acceptance Subscale*

Variable	1	2	3	4	<i>M</i>	<i>SD</i>
1. Sexual Self-Acceptance_Item 1	-				3.98	1.26
2. Sexual Self-Acceptance_Item 2	.61**	-			3.81	1.46
3. Sexual Self-Acceptance_Item 3	.46**	.33**	-		4.43	.97
4. Sexual Self-Acceptance_Item 4	.37**	.30**	.59**	-	4.53	.93

*Note.* \*\* $p < .01$  (2-tailed)

Findings from the CFA showed that the Female Virginity as Important Subscale indicated acceptable fit:  $\chi^2 = .00$ ,  $TLI = 1.00$ ,  $CFI = 1.00$ ,  $RMSEA = .00$ . No modification indices were recommended since all MI values were less than 3.84. Given this model appears to be a just-identified model, no model fit statistics were presented. Ideally there would need to be more than 3 items to accurately assess fit. However, I analyzed the factor loadings to assess the relationships of the individual items with the proposed underlying latent factor. After analyzing the factor loadings, it appears the 3 items of the Female Virginity as Important Subscale load well together. The model for the Female Virginity as Important Subscale is demonstrated in Figure 15 and Table 10 contains correlations among the items of the subscale.

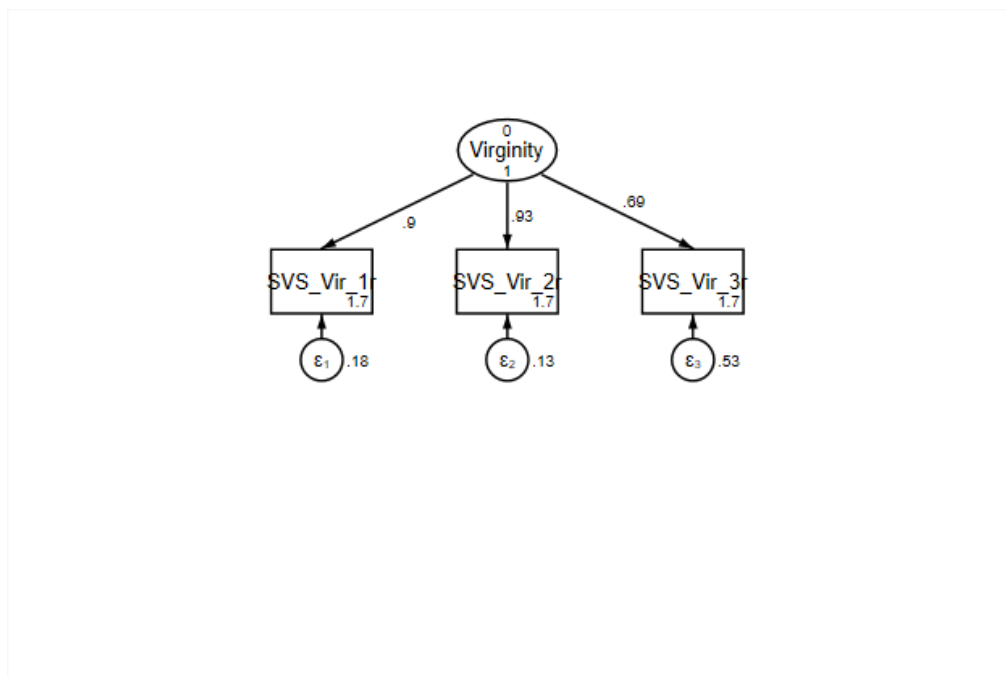


Figure 15. Confirmatory Factor Analysis for Female Virginity as Important Subscale

**Table 10**

*Bivariate Correlations among Items of Female Virginity as Important Subscale*

Variable	1	2	3	<i>M</i>	<i>SD</i>
1. Female Virginity as Important _Item 1	-			1.53	.92
2. Female Virginity as Important _Item 2	.84**	-		1.76	1.05
3. Female Virginity as Important _Item 3	.63**	.64**	-	1.48	.86

Note. \*\* $p < .01$  (2-tailed)

Findings from the CFA showed that the Sexual Comfort Subscale indicated a poor fit. Thirteen modification indices were recommended to improve model fit but only three modification indices were made based on theoretical evidence. First, a modification index of

34.49 (StdYX E.P.C. = .57) resulted from correlating the error terms of Item 1 (“How comfortable do you feel being naked in front of your sexual partner?”) and Item 6 (“How comfortable do you feel about how your body looks to your sexual partner?”). Second, a modification index of 14.96 (StdYX E.P.C. = .36) resulted from correlating the error terms of Item 3 (“How comfortable would you feel having sex with the lights on?”) and Item 6 (“How comfortable do you feel about how your body looks to your sexual partner?”). Lastly, a modification index of 4.12 (StdYX E.P.C. = .19) resulted from correlating the error terms of Item 1 (“How comfortable do you feel being naked in front of your sexual partner?”) and Item 3 (“How comfortable would you feel having sex with the lights on?”). The model for the Sexual Comfort Scale is demonstrated in Figure 16 and Table 11 contains correlations among the items of the subscale. This subscale was not used in the analysis because the adjusted model did not elicit a good model fit.

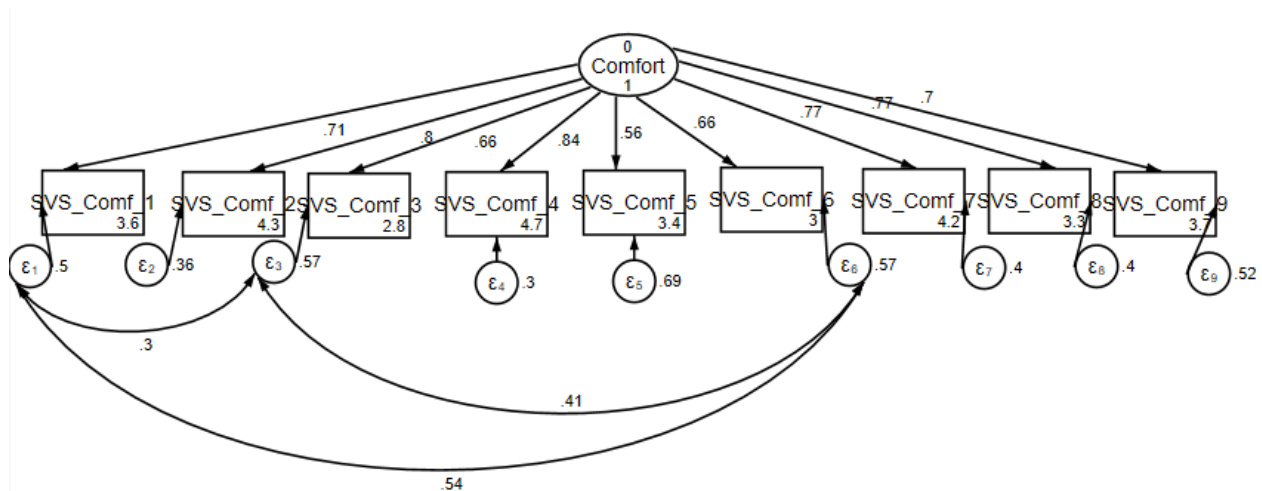


Figure 16. Confirmatory Factor Analysis for Sexual Comfort Subscale



**Table 11***Bivariate Correlations among Items of Comfort with Sexual Communication Subscale*

Variable	1	2	3	4	5	6	7	8	9	<i>M</i>	<i>SD</i>
1. Sexual Comfort_Item 1	-									3.18	.90
2. Sexual Comfort_Item 2	.53**	-								3.15	.74
3. Sexual Comfort_Item 3	.62**	.53**	-							2.88	1.03
4. Sexual Comfort_Item 4	.64**	.63**	.54**	-						3.48	.72
5. Sexual Comfort_Item 5	.30**	.44**	.40**	.47**	-					3.02	.89
6. Sexual Comfort_Item 6	.75**	.51**	.67**	.53**	.42**	-				2.90	.96
7. Sexual Comfort_Item 7	.60**	.62**	.59**	.60**	.39**	.60**	-			3.05	.74
8. Sexual Comfort_Item 8	.47**	.66**	.47**	.63**	.47**	.46**	.59**	-		3.07	.94
9. Sexual Comfort_Item 9	.51**	.56**	.38**	.61**	.34**	.41**	.53**	.53**	-	3.25	.87

*Note.* \*  $p < .05$  (2-tailed), \*\* $p < .01$  (2-tailed)

Findings from the CFA showed that the Sexual Talk as Disrespectful Subscale indicated acceptable fit. No modification indices were made because doing so would yield a just-identified model. The model for the Sexual Talk as Disrespectful Scale is demonstrated in Figure 17 and Table 12 contains correlations among the items of the subscale.

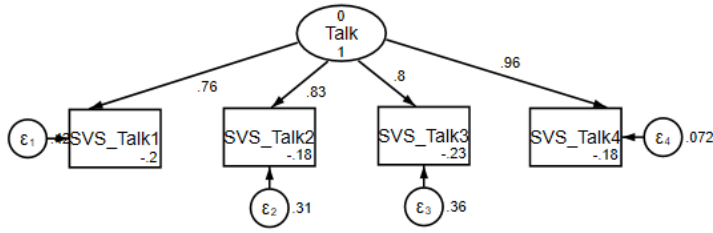


Figure 17. Confirmatory Factor Analysis for Sexual Talk as Disrespectful Subscale

**Table 12**

*Bivariate Correlations among Items of Sexual Talk as Disrespectful Subscale*

Variable	1	2	3	4	<i>M</i>	<i>SD</i>
1. Sexual Talk as Disrespectful_Item 1	-				.42	.85
2. Sexual Talk as Disrespectful_Item 2	.51**	-			.59	1.06
3. Sexual Talk as Disrespectful_Item 3	.09	.19*	-		.80	1.21
4. Sexual Talk as Disrespectful_Item 4	.22**	.32**	.34**	-	.73	1.07

Note. \*  $p < .05$  (2-tailed), \*\* $p < .01$  (2-tailed)

**Assumptions of Multiple Regressions.** First, linearity was assessed by partial regression plots and a plot of standardized residuals against the predicted values. To ensure that the values of the residuals are independent, the Durbin-Watson statistic was analyzed. Homoscedasticity was assessed by visually inspecting a plot of standardized residuals versus unstandardized predicted values. Next, to determine that there is no evidence of multicollinearity, I assessed if there were tolerance values greater than 0.1. Correlations among the predictor variables were

examined for excessively high values. I also assessed if there are influential cases biasing my model by determining that there are no standardized deleted residuals greater than  $\pm 3$  standard deviations, no leverage values greater than 0.2, and no values for Cook's distance above 1. The assumption of normality was assessed by visually inspecting a Normal Probability Plot. Once the data met all of the assumptions, multiple regression analyses were performed.

**Assumptions of Ordinal Logistic Regression.** One of the exploratory hypotheses utilized condom usage frequency (which was measured at the ordinal level) as an outcome variable; thus, an ordinal logistical regression was used as the primary analyses for this question. In order to run an ordinal logistic regression, there are four assumptions that must be considered. First, the dependent variable must be measured at the ordinal level. Second, there must be one or more independent variables that are considered categorical, ordinal, or continuous. Lastly, an ordinal logistic regression cannot include multicollinearity and must have proportional odds.

**Exploratory Factor Analysis.** This study used an Exploratory Factor Analysis (EFA) to assess the construct validity of the Sexual Dissonance Scale that was created specifically for this study. A principal axis factoring (PAF) was run using SPSS to assess how many factors were represented in the 15-item Sexual Dissonance Scale. The suitability of PAF was assessed prior to the analysis. Inspection of the correlation matrix showed that all variables had at least one correlation coefficient greater than 0.3. The overall Kaiser-Meyer-Olkin (KMO) measure was .67. Two of the fifteen items were removed due to a low KMO value ( $KMO < 0.5$ ). Bartlett's Test of Sphericity was statistically significant ( $p < 0.05$ ), meaning that the data was likely factorizable.

PAF revealed five factors that eigenvalues greater than one and which explained 25.99%, 12.28%, 10.05%, 9.08%, and 7.57% of the total variance respectively. Visual inspection of the

scree plot indicated that three factors should be retained (Cattell, 1966). The three-factor solution explained 48.32% of the total variance. A Varimax orthogonal rotation was employed to aid interpretability. The interpretation of the data was consistent with attributes of sexual dissonance that the questionnaire was designed to measure with strong loadings of “sexual guilt” items on Factor 1, “conflicting beliefs” items on Factor 2, and “sexual objectification” items on Factor 3. Three additional items were removed from the overall measure due to low rotated component coefficients. The final measure consisted of 10 items.

The first factor derived was labeled “sexual guilt” and consisted of 6 items. This factor was labeled as such due to the high loadings on items such as: “It is inappropriate for Black women to engage in masturbation and self-pleasure” and “I use religious activities to forgive myself after engaging in sexual practices.” Factor 1 explained 25.99% of the variance. Factor 2 was labeled “conflicting beliefs” and consisted of 3 items. This factor was labeled as such due to the high loadings on items such as: “Black women want to please their families and adhere to their religious beliefs, but it often conflicts with their sexual beliefs” and “Black women derive strength from their religion, but must also reconcile their sexuality with religion.” This second factor explained 12.28% of the variance. Factor 3 consisted of 1 item and was labeled “sexual objectification” due to high loadings on the follow item: “Black women are always lusted after, but never loved.” This factor explained 10.05% of the variance.

The communalities of the variables included are relatively high, meaning that the variables of the analysis are weakly related to each other. Results indicate that there are three independent patterns of responses among the participants. Factor loadings and communalities of the rotated solution are presented in Table 13.

**Table 13***Rotated Factor Matrix for PAF with Varimax Rotation of a Three Factor Questionnaire*

Items	Rotated Factor Coefficients			
	<i>Factor 1: Sexual Guilt</i>	<i>Factor 2: Conflicting Beliefs</i>	<i>Factor 3: Sexual Objectification</i>	<i>Communality</i>
My guilt has prevented me from engaging in a particular sexual behavior	<b>.55</b>	.19	.05	.35
I use religious activities to forgive myself after engaging in sexual practices	<b>.74</b>	.03	.19	.50
It is inappropriate for Black women to engage in masturbation and self-pleasure	<b>.45</b>	-.05	.10	.18
I believe that Black women are allowed to be as sexual as Black men	<b>.63</b>	.20	-.03	.44
I feel guilty after engaging in sexual behaviors that do not align with my religious beliefs	<b>.79</b>	.08	.08	.60
I feel conflicted between my spiritual beliefs and sexual practices	<b>.61</b>	.47	-.04	.53
Black women derive strength from their religion, but must also reconcile sexuality with their religion	.32	<b>.57</b>	.01	.32

I live in accordance with my values and beliefs	.04	<b>.43</b>	-.03	.10
Black women want to please their families and adhere to their religious beliefs, but it often conflicts with their sexual beliefs	-.03	<b>.65</b>	.31	.49
Black women are always lusted after, but never loved	.07	.21	<b>.59</b>	.25
Eigenvalue	3.90	1.84	1.51	
% of Total Variance	25.99	12.28	10.05	
Total Variance		48.32		

## Chapter Five: Results

### PRIMARY ANALYSES

The primary analyses for the current study included multiple regression. I utilized complete case analysis, which utilizes all available data for each individual regression. Therefore, the sample size for each hypothesis varies. The analysis for each hypothesis is described in subsequent paragraphs.

**Hypothesis 1.** A Pearson's product-moment correlation was run to assess the relationship between peer sexual socialization and sexual self-esteem. There was no statistically significant correlation between peer sexual socialization and sexual self-esteem,  $r(85) = .21, p = .05$ , with peer sexual socialization explaining 4% of the variation in sexual self-esteem. Descriptive statistics and zero-order correlations between predictors can be found in Table 14.

**Table 14**

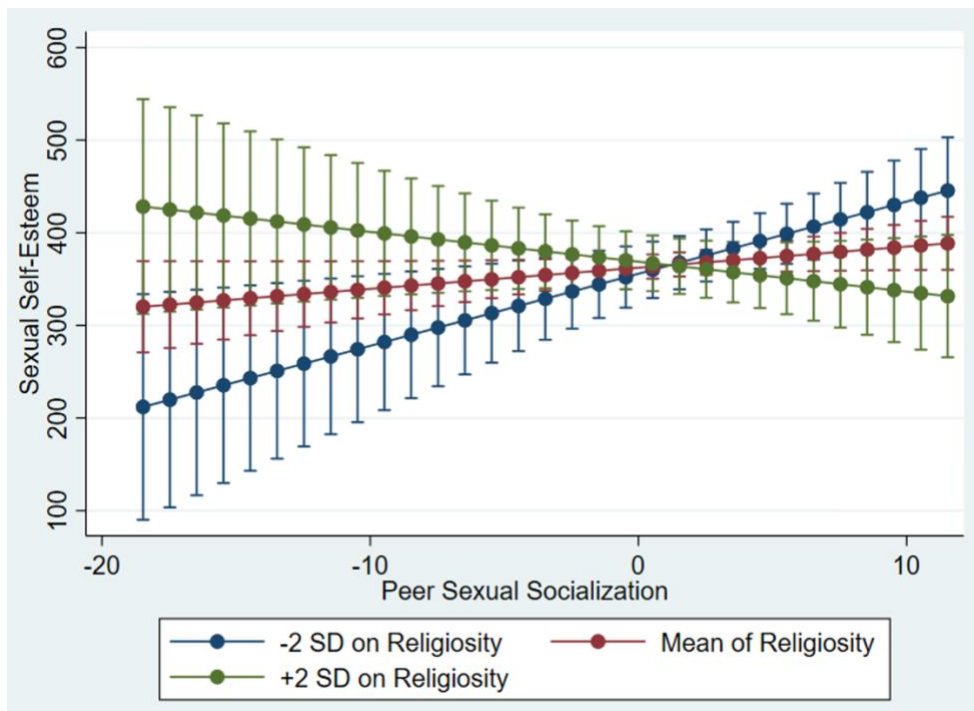
*Descriptive Statistics and Intercorrelations for Sexual Socialization and Sexual Self-esteem (N = 87)*

Variable	1	2	M	SD
1. SSEI_Total	1		366.22	63.12
2. SSI_Peer Socialization	.21	1	34.47	5.92

*Note.* \* $p < .05$ .

**Hypothesis 2.** Religiosity was examined as a moderator of the relationship between peer sexual socialization and sexual self-esteem. Peer sexual socialization and religiosity were entered in the first step of the regression analysis. These variables did not account for a significant amount of variance in sexual self-esteem,  $\Delta R^2 = .05, F(2, 84) = 1.99, p = .14$ . To avoid issues

with high multicollinearity with the interaction term, these variables were centered and an interaction term between peer sexual socialization and religiosity was created (Aiken & West, 1991). In the second step of the regression analysis, the interaction term between peer sexual socialization and religiosity was entered, and it explained a significant increase in the variance of sexual self-esteem,  $\Delta R^2 = .05$ ,  $F(1, 83) = 4.60$ ,  $p < .05$ . Thus, religiosity was a significant moderator of the relationship between peer sexual socialization and sexual self-esteem. Examination of the interaction plot showed that the relationship between peer sexual socialization and sexual self-esteem was positive for Black women who had lower scores of religiosity but as the score of religiosity increased, the relationship between peer and SSE started to decrease. See Figure 18 for simple slopes and Table 15 for model summary information.



*Figure 18.* Simple slopes of peer sexual socialization predicting sexual self-esteem for 2 *SDs* below the mean of religiosity, the mean of religiosity, and 2 *SDs* above the mean of religiosity.



**Table 15**

*Moderation Analysis Table with Sexual Self-Esteem Predicted by Peer Sexual Socialization &*

*Moderated by Religiosity (N = 87)*

Variable	<i>B</i>	<i>SE<sub>B</sub></i>	<i>t</i>	<i>p</i>
Constant	362.35	6.64	54.56	.00
Peer Sexual Socialization (centered)	2.28	1.23	1.86	.07
Religiosity (centered)	1.60	3.50	.46	.65
Peer Sexual Socialization x Religiosity	-1.36	.63	-2.14	.03*
<i>R</i> <sup>2</sup>			.10	
<i>F</i>			2.92	

Note. \* $p < .05$ .

**Hypothesis 3a.** A multiple regression analysis was run using SPSS to predict which sexual values are more likely to be linked with the Skill/Experience Subscale of the Sexual Self-esteem Inventory. It was hypothesized that higher scores on the Sexual Value Subscale of *Satisfaction of Sexual Needs as Important* would be linked with higher scores on the *Skill/Experience Subscale* of the Sexual Self-esteem Inventory. The multiple regression analysis significantly predicted the Skill/Experience subscale of sexual self-esteem,  $F(4, 88) = 3.49$ ,  $p = .01$ , adj.  $R^2 = .14$ . When examining the semi-partial correlations, *Satisfaction of Sexual Needs as Important* was not significant, but the sexual value of *Sexual Self-Acceptance* significantly contributed to 10% of the variance. *Sexual Self-Acceptance* was positively linked to the *Skill/Experience Subscale* of the Sexual Self-esteem Inventory ( $\beta = .39$ ,  $p = .00$ ).

**Hypothesis 3b.** A multiple regression analysis was run using SPSS to predict which sexual values are more likely to be linked with the *Control Subscale* of the Sexual Self-esteem Inventory. It was hypothesized that higher scores on the Sexual Value Subscale of *Comfort with Sexual Communication* would be linked with higher scores on the *Control Subscale* of the Sexual Self-esteem Inventory. The multiple regression analysis significantly predicted the *Control Subscale* of sexual self-esteem,  $F(4, 89) = 4.89, p = .00, \text{adj. } R^2 = .14$ . When examining the semi-partial correlations, two of the independent variables (*Sexual Talk as Disrespectful* and *Sexual Self-Acceptance*) provided significantly unique contributions to the variance, 5% and 8% respectively. *Sexual Self-Acceptance* was positively linked to the *Control Subscale* of the Sexual Self-esteem Inventory ( $\beta = .32, p = .01$ ) and *Sexual Talk as Disrespectful* was negatively linked to the *Control Subscale* ( $\beta = -.28, p = .03$ ).

**Hypothesis 3c.** A multiple regression analysis was run using SPSS to predict which sexual values are more likely to be linked with the *Adaptiveness Subscale* of the Sexual Self-esteem Inventory. It was hypothesized that higher scores on the Sexual Value Subscale of *Sexual Self-Acceptance* would be linked with higher scores on the *Adaptiveness Subscale* of the Sexual Self-esteem Inventory. The multiple regression analysis significantly predicted the *Adaptiveness Subscale* of sexual self-esteem,  $F(4, 82) = 7.41, p = .00, \text{adj. } R^2 = .23$ . When examining the semi-partial correlations, the sexual value of *Sexual Self-Acceptance* significantly contributed to 14% of the variance. *Sexual Self-Acceptance* was positively linked to the *Adaptiveness Subscale* of the Sexual Self-esteem Inventory ( $\beta = .40, p = .00$ ).

**Hypothesis 3d.** A multiple regression analysis was run using SPSS to predict which sexual values are more likely to be linked with the *Moral Judgment Subscale* of the Sexual Self-esteem Inventory. It was hypothesized that higher scores on the Sexual Value Subscale of *Sexual*

*Self-Acceptance* would be linked with higher scores on the *Moral Judgment Subscale* of the Sexual Self-esteem Inventory. The multiple regression analysis significantly predicted the *Moral Judgment Subscale* of sexual self-esteem,  $F(4, 86) = 31.58, p = .00, \text{adj. } R^2 = .58$ . When examining the semi-partial correlations, two of the independent variables (*Sexual Self-Acceptance* and *Sexual Talk as Disrespectful*) provided significantly unique contributions to the variance, 40% and 11% respectively,  $p < .05$ . *Sexual Self-Acceptance* was positively linked to the *Moral Judgment Subscale* of the Sexual Self-esteem Inventory ( $\beta = .63, p = .00$ ) and *Sexual Talk as Disrespectful* was negatively linked to the *Moral Judgment Subscale* ( $\beta = -.23, p = .00$ ).

**Hypothesis 3e.** A multiple regression analysis was run to predict which sexual values are more likely to be linked with the *Attractiveness Subscale* of the Sexual Self-esteem Inventory. It was hypothesized that higher scores on the Sexual Value Subscale of *Sexual Comfort* would be linked with higher scores on the *Attractiveness Subscale* of the Sexual Self-esteem Inventory. The multiple regression analysis significantly predicted the *Attractiveness subscale* of sexual self-esteem,  $F(4, 90) = 6.76, p = .00, \text{adj. } R^2 = .20$ . When examining the semi-partial correlations, two of the independent variables (*Sexual Talk as Disrespectful* and *Sexual Self-Acceptance*) provided significantly unique contributions to the variance, 11% and 7% respectively,  $p < .05$ . *Sexual Self-Acceptance* was positively linked to the *Attractiveness Subscale* of the Sexual Self-esteem Inventory ( $\beta = .30, p = .01$ ) and *Sexual Talk as Disrespectful* was negatively linked to the *Attractiveness Subscale* ( $\beta = -.32, p = .00$ ).

**Hypothesis 4.** Religiosity was examined as a moderator of the relationship between sexual self-acceptance and sexual self-esteem. Sexual Self-Acceptance and religiosity were entered in the first step of the regression analysis. These variables accounted for a significant amount of variance in sexual self-esteem,  $\Delta R^2 = .30, F(2, 83) = 17.68, p < .001$ . To avoid issues

with high multicollinearity with the interaction term, these variables were centered and an interaction term between sexual self-acceptance and religiosity was created (Aiken & West, 1991). In the second step of the regression analysis, the interaction term between sexual self-acceptance and religiosity was entered, but it did not account for a significant amount of variance in sexual self-esteem,  $\Delta R^2 = .01$ ,  $F(1, 82) = 1.57$ ,  $p = .21$ . Thus, religiosity did not moderate the relationship between peer sexual socialization and sexual self-esteem. See Figure 19 for simple slopes and Table 16 for model summary information.

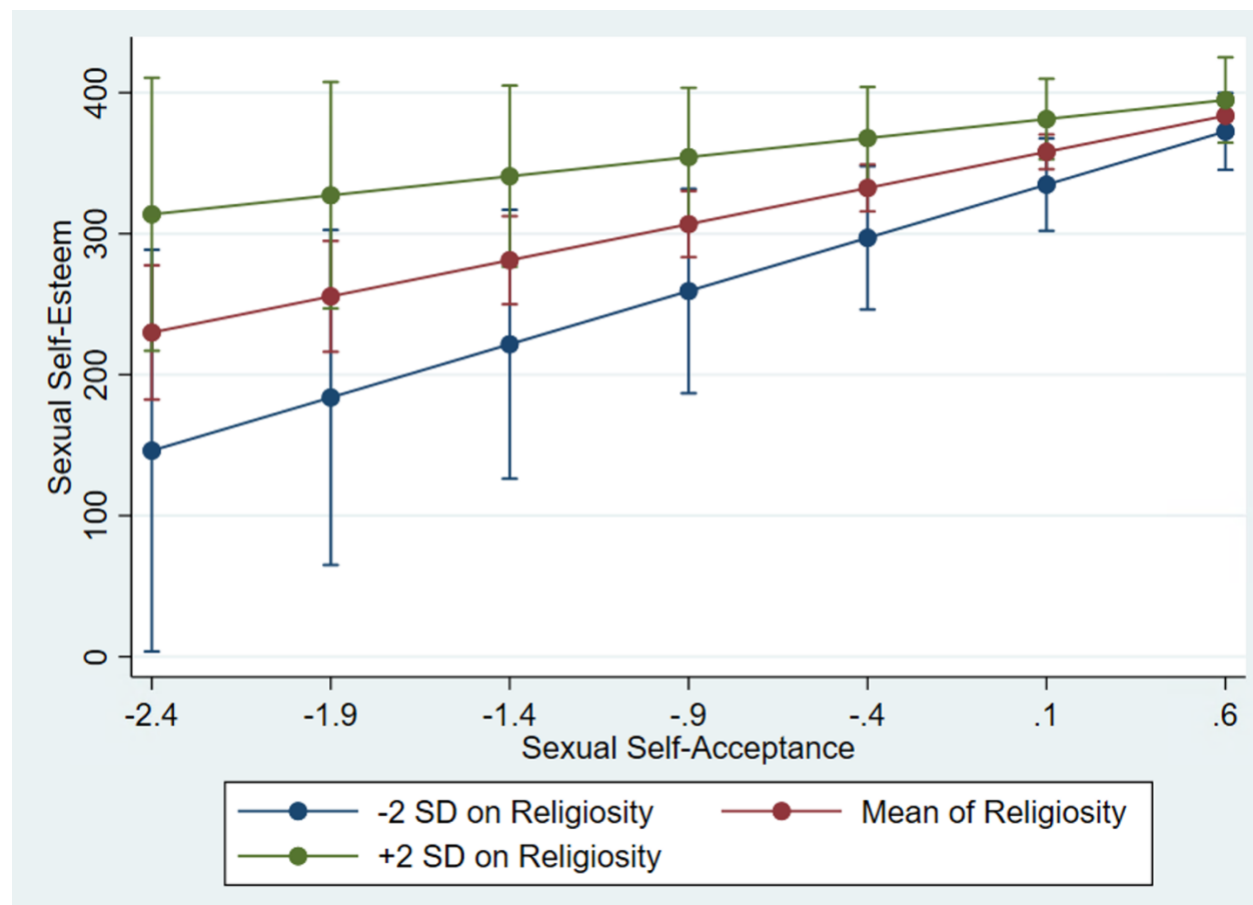


Figure 19. Simple slopes of sexual self-acceptance predicting sexual self-esteem for 2 SDs below the mean of religiosity, the mean of religiosity, and 2 SDs above the mean of religiosity.

**Table 16**

*Moderation Analysis Table with Sexual Self-Esteem Predicted by Sexual Self-Acceptance &*

*Moderated by Religiosity (N = 86)*

Variable	<i>B</i>	<i>SE<sub>B</sub></i>	<i>t</i>	<i>p</i>
Constant	352.93	6.45	54.76	.00
Sexual Self-Acceptance (centered)	51.24	8.66	5.92	.00*
Religiosity (centered)	6.33	3.73	1.69	.09
Sexual Self-Acceptance x Religiosity	-5.97	4.76	-1.25	.21
<i>R</i> <sup>2</sup>			.31	
<i>F</i>			12.39	

Note. \**p* < .05.

## EXPLORATORY ANALYSES

**Exploratory Hypothesis 1.** A cumulative odds ordinal logistic regression using SPSS was run to determine the link between sexual values and condom usage frequency. It was hypothesized that higher scores on the Sexual Values Subscales of *Comfort with Sexual Communication*, *Sexual Comfort*, and *Sexual Self-Acceptance* would be linked with increased condom usage; however, this hypothesis was not supported by the data. Instead, results of the ordinal logistic regression showed that for every 1 unit increase of the *Female Virginity as Important Subscale*, the odds of moving to the next higher category of condom usage frequency

decreased by 45%, when controlling for the other sexual values. Regression coefficients and standard errors can be found in Table 17.

**Table 17**

*Summary of Ordinal Logistic Regression Analysis for Sexual Values Scales Predicting Condom*

*Usage Frequency (N = 106)*

							95% Confidence Interval	
	Variable	<i>Estimate</i>	<i>SE<sub>B</sub></i>	<i>Wald</i>	<i>Exp(B)</i>	<i>p</i>	<i>Lower Bound</i>	<i>Upper Bound</i>
Threshold	Condom Frequency = 1	-1.60	1.62	.98	.20	.32	-4.77	1.57
	Condom Frequency = 2	-.52	1.61	.11	.59	.75	-3.67	2.63
Location	Sexual Talk as Disrespectful	-.39	.30	1.62	.68	.20	-.98	.21
	Sexual Needs as Important	.30	.28	1.23	1.35	.29	-.25	.86
	Sexual Self-Acceptance	.04	.28	.03	1.04	.88	-.51	.59
	Female Virginity as Important	-.59	.30	4.03	.55	.05*	-1.17	-.01

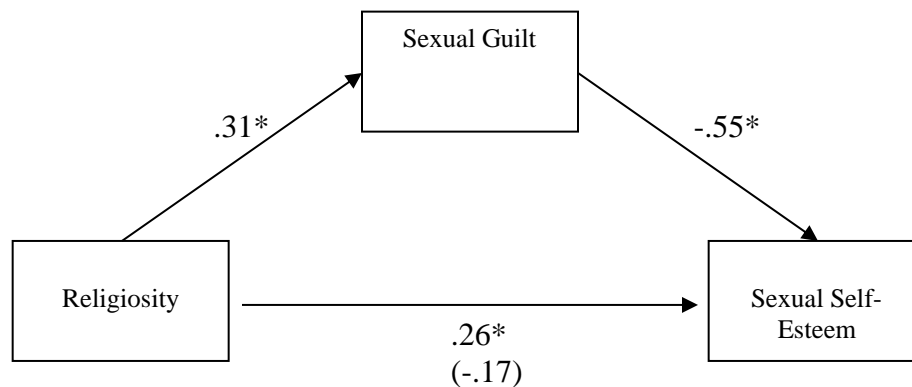
*Note.* \* $p < .05$ .

**Exploratory Hypothesis 2.** Path analysis was used to examine whether sexual dissonance mediates the link between religiosity and sexual self-esteem. The direct and indirect effects of the mediation model were estimated using an add-on for SPSS called PROCESS (Hayes, 2013). The model was controlled for religious affiliation.

The relationship between religiosity and sexual self-esteem was mediated by the *Sexual Guilt Subscale* of the Sexual Dissonance Scale. As Figure 20 illustrates, all of the standardized regression coefficients were statistically significant. The standardized indirect was

-.17. The significance of this indirect effect was tested using bootstrapping procedures.

Unstandardized indirect effects were computed for each of 5000 bootstrapped samples, and the 95% confidence interval was computed by determining the indirect effects at the 2.5th and 97.5th percentiles. The bootstrapped unstandardized indirect effect was -5.23, and the 95% confidence interval ranged from -10.92, -.49. Thus, the indirect effect was statistically significant. Overall, sexual guilt mediated the link between religiosity and sexual self-esteem. Standardized and unstandardized regression coefficients, standard errors, and model summary information for the mediation model are depicted in Table 18.



*Figure 20.* Standardized regression coefficients for the relationship between subjective religiosity and sexual self-esteem as mediated by sexual guilt. The standardized regression coefficient between subjective religiosity and sexual self-esteem, controlling for sexual guilt is in parentheses.

*Note.* \* $p < .05$ .

**Table 18***Regression Coefficients, Standard Errors, and Model Summary Information for the Mediation**Model Depicted in Figure 20 (N= 80)*

		M (Sexual Guilt)						Y (Sexual Self-esteem)				
		<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>	$\beta$		<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>	$\beta$
X (Religiosity)	<i>a</i> <sub>1</sub>	.82	.33	2.54	.01*	.31	<i>c</i> <sub>1</sub>	8.00	3.64	2.20	.03*	.26
M (Sexual Guilt)		—	—	—	—	—	<i>b</i>	-6.34	1.22	-5.18	.00*	-.55
C <sub>1</sub> (Religious Affiliation)	<i>f</i> <sub>1</sub>	-.27	.18	-1.52	.13	-.19	<i>g</i> <sub>1</sub>	2.92	1.97	1.48	.14	.17
Constant	<i>i</i> <sub>1</sub>	7.06	3.28	2.15	.03	—	<i>i</i> <sub>2</sub>	375.75	36.32	10.35	.00*	—
		<i>R</i> <sub>2</sub> = .20							<i>R</i> <sub>2</sub> = .30			
		<i>F</i> (2, 77) = 9.38,							<i>F</i> (3, 76) = 10.98,			
		<i>p</i> = .00							<i>p</i> = .00			

*Note:* Religious affiliation was covaried in the analysis. \**p* < .05

## SUMMARY

Contrary to the proposed hypotheses, results suggested that neither peer sexual socialization nor religiosity were linked to sexual self-esteem. Additionally, results of the confirmatory factor analysis revealed that only four of the six sexual values (Sexual Talk as Disrespectful, Satisfaction of Sexual Needs as Important, Female Virginity as Important, and Sexual Self-Acceptance) could be utilized for the primary analyses because the other two sexual values (Sexual Comfort and Comfort with Sexual Communication) did not present good model fit. Results of the multiple regression analyses found that the sexual value of Sexual Self-Acceptance was positively linked to all of the subscales of sexual self-esteem (Control, Adaptiveness, Moral Judgment, Attractiveness, and Skill/Experience). Results also suggested that the sexual value of Sexual Talk as Disrespectful was negatively linked to the Control, Moral Judgment and Attractiveness subscales of sexual self-esteem. In regard to the exploratory hypotheses, the sexual value of Female Virginity as Important was negatively linked to condom



usage frequency. Lastly, an exploratory factor analysis of the Sexual Dissonance measure revealed 3 unique factors: sexual guilt, sexual objectification, and conflicting beliefs. The current study focused on the sexual guilt subscale and found that sexual guilt mediated the relationship between religiosity and sexual self-esteem.

## **Chapter Six: Discussion**

Black women's sexuality is a complex paradox. On one hand, Black women's sexuality has been deemed as secretive, something not to be discussed, and on the other hand, it has been framed as risky, hypersexual, and/or something controlled by others. In either context, the narrative surrounding Black women's sexuality has a seemingly one-sided and restrictive perspective. Therefore, the purpose of this study was to broaden the narrative of Black women's sexuality by suggesting that there is a need to focus on factors that shape positive aspects of sexuality. Within the literature, there is a need to reconceptualize the sexual experiences of Black women to include a more holistic perspective of experiences. Currently, Black women's sexuality is equated to risky sexual behaviors and fails to consider that sex and sexuality are multifaceted and include things such as cognitions, attitudes, and feelings. Therefore, the current study intends to add to sex positivity literature by exploring a positive and cognitive component of sexuality known as sexual self-esteem. The goal of the current study was to extend our current understanding of what constitutes Black women's sexuality by examining social and personal factors that foster high sexual self-esteem among Black college women.

### **SUMMARY OF FINDINGS**

In order to gain a more nuanced perspective of factors that enhance positive sexuality among Black college women, I assessed both social and personal factors. As noted from previous studies, the messages individuals receive about sex and sexuality can come from a myriad of sources (e.g., peers, parents, media) and can ultimately influence one's own sexual experiences (Stephens & Phillips, 2005). Thus, at its core, the current study is aiming to determine what sources (either social or personal) are more likely to influence one's sexual self-esteem. In regard to social factors, the current study assessed the impact of peer sexual socialization and religiosity

on sexual self-esteem. These two variables were chosen because previous research has shown the importance of peer relationships, particularly in adolescence and beyond, as well as the importance of religiosity in the lives of many Black women (Aarons & Jenkins, 2002; Nasim, Utsey, Corona, & Belgrave, 2006). The subsequent paragraphs describe the findings related to the social factors of the study.

Findings from the current study did not reveal that peer sexual socialization was linked with higher sexual self-esteem. In other words, more permissive sexual socialization messages from peers did not predict higher sexual self-esteem among Black women. This finding contradicts previous studies' which have found that peer sexual socialization, particularly during adolescence, has a great influence on an individual's sexual cognitions and behaviors (Lyons et al., 2011; Suleiman & Deardorff, 2015; Wetherill, Neal, & Fromme, 2010). However, it is possible that peer sexual socialization was not linked to sexual self-esteem for the following reasons. First, when we think about peer relationships, there is a spectrum of who qualifies as a peer and this notion may be particularly relevant for college students who are interfacing with multiple groups both on and off campus. Findings from the current study might suggest that it is possible that messages about sex are not just coming from those we are considered friends. We assume that people are influenced by those they have designed as "friends" rather than considering the impact of peers who are more like "associates." For example, Brown, Bakken, Amerigener, Mahon (2008) suggested that individuals often overlook the following peer influences: 1) the influence of peers who highly admired but are not individuals we consider our close friend and 2) the influence of peers who might be disliked or avoided. It is possible that peers in these categories are admired or even disliked because they have attained something that the individual desires, and the messages projected from these individuals could be more

influential than individuals we consider our friends. This finding could lay the foundation for future studies to assess the impact of social media and its influence on the sexual self-esteem of Black women given that oftentimes we are consuming messages from a variety of people (and not solely our friends) on social media platforms.

Peer sexual socialization may also not be linked to sexual self-esteem because given the current study focuses on the emerging adulthood population. Most studies pertaining to the influence of peer messages utilize populations of Black adolescents and assess peer influence in relation to sexual behaviors, rather than sexual self-esteem (e.g., L'engle & Jackson, 2008; Leigh & Andrews, 2002; Steinberg & Monahan, 2007; Widman, Choukas-Bradley, Helms, & Prinstein, 2016). Thus, the findings from the current study may illustrate that resistance to peer influence might be more common among college students. Steinberg and Monahan (2007) assessed data from one longitudinal study and two cross-sectional studies to assess how age impacts an individual's ability to resist peer influence. The following findings from their study were applicable to the current study: 1) middle adolescence appears to be the most pivotal developmental period in which peer influence matters; they found participants were more capable of resisting peer influence between the ages of 18-30 (i.e., college aged students); 2) "girls and women were more likely than boys and men to stand up for what they believed in rather than conforming their thoughts or behaviors to the expectations of their peers" (p. 11); and 3) African American participants were more likely than other ethnic groups to resist peer influence (Steinberg & Monahan, 2007).

Additionally, given that previous research has found a link between peer sexual socialization and sexual behaviors, it might be possible that peer sexual socialization influences sexual behaviors, but not necessarily beliefs about one's sexual self. Ultimately, future research

is needed to understand how peer sexual socialization influences cognitive aspects of sexuality among Black college women.

To further explore the relationship between peer sexual socialization and sexual self-esteem, I assessed if this relationship was moderated by religiosity. The results supported the hypothesis that religiosity would moderate the link between peer sexual socialization and sexual self-esteem. This finding suggests that Black women who are less likely to perceive religion as important reported higher sexual self-esteem, whereas women who did perceive religion as important reported lower sexual self-esteem. This finding is consistent with previous literature which posits that college women who had higher religious commitment reported lower sexual self-esteem (Abbott et al., 2016). It is likely that trying to grapple with two conflicting sources of socialization (permissive peer messages and restrictive religious messages) may result in a decreased sexual self-esteem as the woman attempts to compartmentalize aspects of her sexuality in order to appease the socially prescribed expectations of both her peers and her religion.

In addition to social factors, the current study also sought to explore how personal factors influenced sexual self-esteem. Initially, the current study aimed to assess whether or not sexual values as defined by Deardorff and colleagues (2008; Satisfaction of Sexual Needs as Important, Comfort with Sexual Communication, Sexual Comfort, Female Virginity as Important, Sexual Talk as Disrespectful, and Sexual Self-Acceptance) were linked to the subscales of sexual self-esteem (Skill/Experience, Control, Moral Judgment, Adaptiveness, and Attractiveness). However, only four of the subscales were used in the primary analyses because two of the subscales (Sexual Comfort and Comfort with Sexual Communication) were removed due to poor model fit. Results revealed that the following sexual values were significantly linked to the subscales of sexual self-esteem: Sexual Self-Acceptance and Sexual Talk as Disrespectful.

The current study revealed that valuing sexual satisfaction did not increase a Black woman's ability to please or to be pleased by a sexual partner and this finding could be a result of the way the items are worded on the Satisfaction of Sexual Needs as Important Subscale. The sexual value of Satisfaction of Sexual Needs as Important is rooted in traditional gender norms and was derived from a curiosity to explore uncontrollable sexual desires, a behavior that has been stereotypically reserved for men (Deardorff et al., 2008). The four items on this subscale appear to be worded in a manner that suggest sexual satisfaction only occurs as a result of orgasming. Therefore, valuing one's sexual needs may not be linked to the Skill/Experience Subscale because some researchers have found that experiencing an orgasm may have minimal importance in women's sexual satisfaction (Waterman & Chiauuzi, 1982). One reason this could occur is because women are familiar the "gender orgasm gap" which posits that "within heterosexual relationships, men have more orgasms than women" (Mintz, 2015). Thus, given that it might be more challenging for women to have an orgasm or if they do have an orgasm, the frequency of it occurring will still be less than their (male) partner, could lead some women to perceive orgasms as less important. Additionally, Satisfaction of Sexual Needs may not be linked to Skill/Experience because goal-oriented sex (i.e., having an orgasm) may impede sexual pleasure. Therefore, it is understandable why Sexual Self-Acceptance was linked to Skill/Experience because the more a woman is able to accept herself as a sexual being, the more likely she will be able to remain in the present moment and truly allow herself to please or be pleased by her partner. Also, given that sexual pleasure involves more than just an orgasm, an increase in a woman's sexual self-acceptance may create more opportunities to engage in other sexual activities. When a woman has a holistic perspective of her sexuality (one that is not embodied by shame) it may lessen the pressure to feel performative during sexual activities, thus

creating more opportunities to fully enjoy pleasing or being pleased sexually. This finding highlights the importance of non-goal-oriented sex as a means to increase sexual pleasure.

The benefits of valuing sexual self-acceptance are dominant throughout the results. Not only was Sexual Self-Acceptance positively linked to Skill/Experience, but it was also linked to all of the other subscales of sexual self-esteem (Control, Adaptiveness, Moral Judgment, and Attractiveness). Results revealed that accepting oneself sexually will enhance one's ability to manage one's own sexual thoughts, feelings, and interactions (i.e., control). High Sexual Self-acceptance was also linked to high congruence between one's sexual experiences, moral compass, and personal aspirations. If a Black woman feels confident in herself sexually, she is more likely living in accordance to her moral and personal principles because she has created a worldview that supports her sexual experiences rather than shuns them. Lastly, accepting oneself sexually was also positively linked to Black women's perception of their sexual attractiveness. If a Black woman is able to embrace all parts of herself in a nonjudgmental manner, it can increase her perception of her physical appearance.

Given that Sexual Self-Acceptance was a primary source to increased sexual self-esteem, I wanted to further explore this relationship. In Hypothesis 4, I analyzed whether or not religiosity moderated the link between Sexual Self-Acceptance and Sexual self-esteem. Results of the moderation analysis showed that religiosity did not moderate the relationship between Sexual Self-Acceptance and sexual self-esteem. This finding suggests that the relationship between Sexual Self-Acceptance and sexual self-esteem is the same regardless of how one perceives the importance of religiosity in their lives. This finding seems to further emphasize the idea that one's own voice is the most salient factor in increasing sexual self-esteem.

In addition to Sexual Self-Acceptance, results found a negative link between Sexual Talk as Disrespectful and three subscales of sexual self-esteem (Control, Moral Judgment and Attractiveness). It is possible that Sexual Talk as Disrespectful was negatively linked to Control due to lingering effects of Black women's complicated history with sex and sexuality. Although there has been a shift in the narrative in regard to Black women's sexual agency, remnants of respectability politics and/or the sexual double standard may cause Black women to struggle with self-assertiveness and/or exhibit a discomfort with sexual communication (e.g., difficulty setting healthy boundaries). Relatedly, if a Black woman experiences discomfort when communicating about sex, it is likely that she is not exploring her own sexuality, either alone with others, as a means to stay congruent to her moral values. Lastly, results revealed that Sexual Talk as Disrespectful was negatively linked to Attractiveness. Given that Attractiveness in this context is related to one's own sense of sexual attractiveness, it is possible that a Black woman who perceives discussing sex as inappropriate may possess an unconscious insecurity and/or shame about her own sexuality.

Equally important to the primary hypotheses of the study were the two exploratory hypotheses. The first exploratory hypothesis sought to further explore the relationship between religiosity and sexual self-esteem among Black college women. This hypothesis stemmed from the curiosity of understanding how Black women, who have historically been described as one of the most religious populations (Nasim, Utsey, Corona, & Belgrave, 2006), navigate/negotiate being both religious and sexual beings (two spaces that are frequently in contrast with each other). In order to assess this hypothesis, I created a brief measure that assessed how Black women use cognitive dissonance to reconcile the contradictory messages of sex positivity and religion. Specifically, the current study focused on the impact of sexual guilt in navigating these



two spheres. Results of the mediation analysis revealed that sexual guilt mediated the relationship between religiosity and sexual self-esteem, which highlighted that for some Black women, the negotiation between these two contradictory spaces is not so simple. It seems that for some Black women who perceive religiosity as important, it is challenging to be both sexually active and religious because it elicits feelings of sexual guilt. Wyatt and Dunn (1991) found among a sample of 248 women ( $N=126$  African American) that Black women had higher level of sexual guilt as compared to their White peers. Findings of the aforementioned study and the current study suggest that inconsistencies between one's values (sexual vs religious values) may result in guilt leading to a decrease in one's sexual self-esteem. This finding is consistent with previous research that found that women with higher levels of sexual guilt reported higher levels of religiosity (Murray et al. 2007). Woo and colleagues (2012) also found that sexual guilt mediated the relationship between religiosity and women's experiences of sexual desire which they posited was a result of religious traditions condemning sexual experiences and subsequently enhancing sexual guilt in religious individuals. Ultimately this finding illustrates the difficulty that religiously committed Black women have in trying to reconcile personal sexual experiences with strong religious beliefs.

Additionally, the focus of the current study was to present a different narrative of the sexual experiences of Black women. As previously discussed, the majority of literature surrounding sex and sexuality among Black women utilizes a pathological lens and emphasizes the sexual health disparities among Black woman. Therefore, in an effort to further promote sex positivity from a public health perspective, the second exploratory hypothesis analyzed the link between sexual values and condom usage frequency. Results of the data indicated that an increase in valuing Female Virginity as Important was associated with a decrease in condom

usage frequency. Previous research has found that virginity pledges (i.e., pledges to remain a virgin until marriage) decrease the likelihood of condom usage at the first sexual encounter (Brückner & Bearman, 2001). Women who value virginity are more likely to delay sexual intercourse, however, once they engage in sexual intercourse, they may fail to use condoms because women who perceive premarital sex as inappropriate are less likely than others to plan for the usage of contraceptives (Brückner & Bearman, 2001). Women who value virginity may also be less likely to utilize condoms upon initial sexual experiences due to a greater cognitive dissonance and/or use of avoidant coping strategies (e.g., perceiving themselves as a passive participant in the sexual experience if they do not assert the use of condoms). The finding that valuing female virginity decreases condom use frequency illuminates potential consequences of abstinence-only programs and/or virginity pledges. Although these interventions tend to delay one's onset of sexual intercourse, these interventions often neglect information about contraceptive usage, leading individuals to be unprepared for their first sexual encounter, which could put them at risk for unintended pregnancies and/or STDs/STIs (Martino, Elliott, Collins, Kanouse, & Berry, 2008). Therefore, since the Black church has been identified as a cornerstone within the Black community, future studies should explore how comprehensive sex education programs rather than abstinence-only or abstinence-based initiatives may be more helpful in addressing the sexual health disparities that exist among Black people, but Black women specifically.

Lastly, another interesting finding of the study was that the self-deception enhancement subscale of the social desirability measure was positively linked to Sexual Self-Acceptance and all of the subscales of the sexual self-esteem inventory. In the current study, the role of socially desirable responding was examined in relation to the main variables of the study: sexual values,

peer sexual socialization, religiosity, and sexual self-esteem. Socially desirable responding refers to the tendency to present oneself in an overly favorable manner, especially when discussing sensitive topics such as sex and sexuality (Paulhus, 1984). Social desirability is categorized into two factors: self-deception enhancement (SDE) and impression management (IM). For the current study only self-deception enhancement was assessed because according to Paulhus (1984) self-deception enhancement represents the tendency to give honest but biased reports (i.e., a non-conscious desire to perceive oneself favorably). The finding that SDE was positively linked to Sexual Self-Acceptance and sexual self-esteem is consistent with previous research which has found self-deception to be moderately and positively correlated with self-esteem (Paulhus, 1986). It is possible that presenting oneself as overly positive may serve as a buffer to the social consequences of experiencing one's sexuality and thoughts about sex. This finding suggests that a Black woman who is high in self-deception enhancement may be more likely to endorse sex positivity because she may be better able to manage the potentially negative consequences of expressing her sexuality.

## **LIMITATIONS**

Although the current study intends to provide a unique perspective regarding the positive sexuality of Black college women, it is also necessary to discuss that the current study must be interpreted in the context of a few limitations. For example, the current study utilized a convenience sample of entirely Black college women (ages 18 and older). This sampling method limits the generalizability of the study since the sample was not chosen at random. However, to mitigate the potential problems associated with the use of a convenience sample within the current study, I collected demographic information (i.e., age, education level, SES, etc.) which helped assessed the representativeness of the sample. Gathering this demographic information

could establish the basis for future studies that can replicate the findings in other Black populations.

Another limitation in regard to the demographic characteristics of the sample, is that the current study included both undergraduate and graduate students. It is possible that peer sexual socialization was not linked to sexual self-esteem among this population because the peer sexual socialization theory is based on the adolescent period, meaning that it may not be as salient for an emerging adulthood population, and more specifically for those who identified as graduate students. Although the current study intended to analyze a population of emerging adults, it is important to acknowledge the many differences between the lived experiences of undergraduate and graduate student students. As previous research has shown, age is a biological factor that impacts sexual self-concept, given that with increasing age there is an increase in sexual experiences (Potki et al., 2017). However, to mitigate this problem, I included a correlation table that separated the results based on classification.

Additionally, although I sampled a diverse group of Black women, a larger scaled study could also help to address the generalizability of the current study. For example, it is possible that factors which influence sexual self-esteem may vary among different ethnic groups, suggesting that not all Black women's sexual self-esteem is impacted by the same factors. Although all of the women in the current study self-identified as Black, it is possible that factors influencing sexual self-esteem may differ among women of different cultures. For example, Black women who immigrated to the United States may have different ideas and beliefs about women's sexuality than Black women who identify as African American.

Another limitation in regard to sample size is that the current study utilized complete case analysis in the primary analyses since all 155 participants did not complete the survey in its

entirety. Since the survey took participants on average between 30-45 minutes to complete, it is possible that the length of the survey elicited response burden among the participants, especially given this study did not involve any compensation. To combat response burden, it may be beneficial for future studies that quantitatively analyze sex and sexuality to utilize shorter surveys as well as offer some form of compensation for participation.

In addition, given that the current study analyzed multiple constructs, it is possible that the sample was overtaxed. This overtaxing of the sample can lead to multiple inference issues. Typically to account for multiple inference concerns, researchers utilize the Bonferroni method, however, I was unable to utilize this method given that my study was underpowered due to the small sample size.

Furthermore, the current study is considered non-experimental, which implies that the study cannot comment on the causality among peer sexual socialization, sexual values, and sexual self-esteem. Another limitation of the current study is that all data was collected via self-reported measures, which allowed for the possibility of response bias. Given that the topic of this study can be considered sensitive information, the effect of social desirability response bias might have impacted participants responses on measures related to sex and sexuality. However, I attempted to mitigate the potential problems associated with such bias by adding a social desirability scale to the survey. Given that the current study found that the self-deception enhancement subscale was positively linked to sexual self-esteem, the findings from this study may not be generalizable since social desirability was associated with responding to items about sexuality.

There are also some limitations in regard to the measures that were used in the current study. The Sexual Socialization Inventory presented a low reliability, which may be a result of

the small sample size. Having low or unreliable predictor variables can lead to biased estimates, as well as have an adverse impact on parameter estimates. Additionally, there were two items that were omitted from the Sexual Values Scale, one item from the Sexual Comfort Subscale (item 7 from the original study: “How comfortable would you feel showing your sexual excitement when you have sex?”) and another from the Sexual Self-Acceptance Subscale (item 3 from the original study: “Do you think it is wrong for you to have sex?”). Therefore, the current study consisted of 32 items rather than the 34 items that were included in the original study. The omission of these items is a limitation because there cannot be a direct comparison of the original study to the current study.

The Sexual Values Scale also has some limitations with regard to its validity among Black women as well as whether it fully captured salient sexual values in this sample. As previously stated, the Sexual Values Scale was designed for Latinx populations and has yet to be validated on a sample of Black college women. Results of the Confirmatory Factor Analysis revealed that two of the six values did not have a good model fit and were subsequently removed from the analysis. Therefore, a sexual values scale designed for Black women specifically may yield more robust findings regarding sexual values that are salient among Black women.

## **FUTURE DIRECTIONS**

Though certain research limitations existed within the current study, the findings of the study can inform multiple areas of future research. For example, given peer sexual socialization did not significantly predict sexual self-esteem, future studies should consider other social factors that might be linked with sexual self-esteem. Although previous research considers peer influence to be an important factor in the sexual experiences of individuals, it is possible that there has been an inflation of the estimate of the importance of peers; thus, it may be beneficial

for future studies to explore other sources of socialization. One social factor to consider in future research would be the influence of social media given the digital era that we currently live in. Although there is a dearth of research regarding the impact of social media networks on sexual self-esteem specifically, the limited research that is available has found that social media networks tend to increase risky sexual behaviors and decrease overall sexual well-being (Cookingham & Ryan, 2015). However, with the recent shift in sexual liberation, particularly among women, it would be interesting to explore if the sex positive content on social media is creating a space for women to embrace their sexuality, ultimately increasing their sexual self-esteem.

In addition to exploring other social factors that may influence sexual self-esteem, future studies could also explore more personal factors that increase sexual self-esteem. One of the main findings of the current study was that Sexual Self-Acceptance predicted all facets of sexual self-esteem. This finding could highlight that Black women are more influenced by their own personal attitudes of their sexual cognitions rather than by external factors. Tolman (1996) reported that some young women who have a positive view of their own sexuality often ignore or resist other people's opinions. Thus, it seems that adhering to one's own voice and/or values may be more influential than messages from social factors (i.e., peers and religion) because one's internal voice might allow the person to stay connected to positive sexual experiences.

Additionally, this study included a brief measure that I developed on sexual dissonance. This measure was included in the study because previous research has noted that Black women have to navigate the conflict that often exists between their religious values and their sexual desires (Newman, 2002). Thus, an exploratory aim of this study was to determine how Black women negotiate their sexuality and religiosity, which are two belief systems that commonly

promote contradictory messages. The current study focused on the Sexual Guilt Subscale of the Sexual Dissonance measure and found that for some participants navigating these conflicting belief systems is challenging and often elicits a feeling of guilt. To my knowledge, this was the first measure of its kind to assess sexual dissonance among Black women. Therefore, this measure could serve as the foundation in the development of a scale that further analyzes how Black women are impacted as well as make sense of these conflicting messages.

Also, future studies could employ additional measures that assess both religiosity and spirituality. Although the majority of the current sample identified as Christian, several of the participants in the “other” category self-identified as “spiritual, but not religious.” This finding is consistent with previous literature which has found that individuals become more spiritual in college as the social pressure to attend religious services decreases since they are away from their families (Astin, Astin, & Lindholm, 2007). For many individuals, religiosity could have been important during childhood and adolescence because it was driven by a desire for community and/or individuals were pressured to go to religious services because of family members. However, college is a time to reassess spiritual and religious identity, particularly as individuals are becoming more autonomous and also have the opportunity to develop their own relationship with religion and spirituality (Abbott et al., 2016). It also seems important to explore spirituality in future studies given that preliminary analyses revealed that those who identified as “other” in terms of religious affiliation had the highest mean for sexual self-esteem. This finding may highlight that those who do not identify with a religion and/or consider themselves spiritual may have higher sexual self-esteem. Future studies could continue exploring the relationship between religious affiliation (or a lack thereof) and sexual self-esteem, and even determine if sexual guilt mediates this relationship.



Lastly, results of the study could be supplemented by a mixed-methods study. A study of this nature could implement focus groups with Black college women where the researchers work collaboratively with participants to gain insight about the ways sexual socialization and sexual values may influence their sexual self-esteem. A mixed-method study is also particularly beneficial for Black women, because it allows their voices to be heard. A focus group of entirely Black college women could be empowering for the participants as they discuss a topic (i.e., sex and sexuality) that is oftentimes considered a taboo subject. The goal of a study of this kind would be to empower Black college women to embrace their sexualities in safe ways as well as to analyze the messages that influence their sexual self-esteem.

## **IMPLICATIONS**

Exploring the links between peer sexual socialization, sexual values, religion, and sexual self-esteem has several implications. By removing the pathological lens that commonly describes Black women's sexuality, it allows for researchers, clinicians, and even Black women themselves to broaden the scope of the discourse regarding Black women's sexuality. Such changes to the discourse highlight the diversity and normalcy of women's sexuality while also promoting a healthy sexual exploration (Welsh et al., 2000).

The findings of the current study are important because there is currently a dearth of information regarding the sexual experiences of Black women. It is necessary for Black women to be represented in this specific area of literature because sex positive research honors the complexity of individuals' sexualities in a holistic way and also empowers individuals to increase self-knowledge and intimacy. A main takeaway from the current study is that valuing yourself as a sexual being is a primary way to increase sexual self-esteem among Black women. The inclusion of this perspective within sex positivity research is imperative because it

normalizes sex and sexuality for Black women rather than perceives it as shameful or restrictive. This narrative of sex and sexuality is particularly important for Black women given the complex history Black women have had with sex and sexuality. Discovering that a personal factor rather than social factors positively influenced sexual self-esteem is a compelling finding because this finding underscores the importance of one's own voice in sexual experiences. Therefore, it is imperative that more initiatives are created that promote sexual self-acceptance among Black women.

One way to facilitate sexual self-acceptance among Black women on college campuses is to design sexual health initiatives that give women the opportunity to share stories in a safe environment, receive accurate sex education, and access resources about sexual health. Ultimately, it is important for Black college women to be aware of the potential negative consequences of risky sexual behaviors, but also acknowledge that sexuality can be explored in a healthy and positive manner. This perspective encourages Black women to comfortably and confidently engage in sexual assertiveness, self-love, and sexual diversity (Marshall & Maynard, 2009).

Additionally, at the collegiate level, it would be beneficial for psychology programs to require a human sexuality course. Having this course included in the curriculum could be perceived as a method for addressing the stigma around sex and sexuality that exists within our society. Within a human sexuality course, it would be essential to provide a holistic and intersectional approach (i.e., addressing race, class, ability status, and gender) to the material so that sex positive discourse (e.g., pleasure, desire, and sexual self-esteem) is no longer ignored. It also seems important to incorporate this course within the curriculum at both undergraduate and graduate levels because it would afford students the opportunity to engage in self-reflection

regarding their own perceptions and biases surrounding sex and sexuality. This experience would be particularly helpful within psychology training programs because it would allow clinicians to become more comfortable engaging in conversations about sex with their clients. If a clinician overcomes their own discomfort with discussing sex and sexuality, they will be more likely to facilitate sexually liberating conversations with their clients (Buehler, 2016). Learning to conceptualize sexuality from a strengths-based and culturally competent perspective can allow clinicians to create a space in which clients feel comfortable discussing sex and sexuality and lessen the embarrassment or shame that is often elicited for clients during these conversations.

In addition to the various implications at the collegiate level, this study also has implications within the religious context. An interesting finding of the study was that sexual guilt mediated the link between religiosity and sexual self-esteem. This finding also advocates a need for Black churches/religious organizations to normalize pleasure and responsible sexuality as a means of reducing sexual guilt. Given that the Black church and respectability politics are two major belief systems that continue to govern and constrain Black women's sexuality (Moultrie, 2017), efforts need to be made among religious leaders to negate the unhealthy messages portrayed by these frameworks so that Black women can receive a discourse that emphasizes a holistic perspective of sexuality.

One way to address this issue would be to facilitate church-based programs aimed at supporting Black women who are navigating sexuality and religiosity. Given the Black church is a pillar within the Black community, it would be important for Black churches to no longer perceive sex as taboo and facilitate discussions and interventions that minimize the shame associated with sex and sexuality, while simultaneously addressing safe sexual practices (i.e., contraceptive usage). The church is many Black women's first introduction to sex-based

conversations, so the church has a unique opportunity to promote sex positivity and combat negative narratives by inviting healthy conversations about sexual values (Yoshimura, 2018). Religion and spirituality are tools utilized to strengthen one's self-worth; therefore, the more aligned our value systems can be, the more likely we are to combat negative messages about sex and have a positive outlook on our sexual self-esteem.

## **CONCLUSIONS**

Currently, most previous research pertaining to the sexual health of Black women has had a pathological lens, typically aiming to address the sexual health disparity that exists between Black women and women from other ethnic groups. Although it is important to acknowledge the negative implications of risky sexual behaviors, the present study intended to shift from the historical and pathological perspective of sexuality and focus on a sex positive approach to Black women's sexuality.

Sex positivity is a burgeoning area of research but has still neglected to include an intersectional approach to the literature. Thus, the purpose of this study was to recognize areas that promote healthy and positive sexuality among Black college-aged women by determining whether social or personal factors increase Black women's sexual self-esteem. Overall, findings from the current study revealed that valuing yourself as a sexual being is the main contributing factor that bolsters sexual self-esteem among Black women. This study calls for future programming, research, and clinical training to include discussions that emphasize the importance of sex positivity (and specifically sexual self-acceptance), particularly as individuals navigate spaces and societal messages that might conflict with their own thoughts and feelings about their sexual experiences.

## Appendices

### APPENDIX A: RECRUITMENT FLYER

Hello! I am writing to invite you to participate in my research study about the experiences that impact the sexual self-esteem of Black college women. This study is being conducted by Whitney Adams at the University of Texas at Austin under the supervision of her advisor, Dr. Delida Sanchez, to fulfill the program requirements of a doctoral program.

As a participant of this study, you will be asked to partake in a survey that will require you to reflect on the sexual experiences of Black women broadly as well as your own thoughts and experiences surrounding sex and sexuality.

Individuals who meet the following criteria are invited to participate in this important study:

- Identify as female
- Identify as Black
- Currently enrolled in college courses (as undergraduate or graduate student)
- Over the age of 18

Participation will consist of the following:

- The completion of a 30-45 minute anonymous, online survey
- Should you agree to participate, all information will be de-identified to protect confidentiality.

There is minimal risk involved in the study. However, should you feel distressed during or after the completion of the study, please contact Whitney Adams as she is a counselor in training and can provide resources if needed.

If you would like additional information about this study, please contact Whitney Adams at [wnadams2020@gmail.com](mailto:wnadams2020@gmail.com).

Best,

Whitney Adams, M.A.  
University of Texas at Austin

## APPENDIX B: DEMOGRAPHIC QUESTIONNAIRE

\*\* =reverse scored

- 1 What is your gender?
  - ☐ Male
  - ☐ Female
  - ☐ Transgender
  - ☐ Other
- 2 How did you find out about the survey?
  - ☐ Link for class credit
  - ☐ Link via email listserv
- 3 What is your race?
  - ☐ African-American/Black
  - ☐ Hispanic-American/Latina/Chicana
  - ☐ Native-American/American Indian
  - ☐ Asian-American
  - ☐ Middle Eastern/North African American
  - ☐ Caucasian/European-American/White
  - ☐ Multiracial (Please specify)
  - ☐ Other (Please specify)
- 4 Please state your ethnicity (e.g., Chinese, African American, Trinidadian, Irish, etc.):  

---
- 5 What is your age?
  - ☐ Under 18
  - ☐ 18 – 21 years old
  - ☐ 21 – 24 years old
  - ☐ 24 – 27 years old
  - ☐ 27 – 30 years old
  - ☐ Over 30 years old
- 6 Which of the following best describes your sexual orientation?
  - ☐ Heterosexual (straight)
  - ☐ Homosexual (gay or lesbian)
  - ☐ Bisexual
  - ☐ Questioning
  - ☐ I prefer not to answer
- 7 Which of the following best describes your relationship status?
  - ☐ Single
  - ☐ In a relationship
  - ☐ Married

- Engaged
  - Civil Union/Domestic Partnership
  - Divorced
  - Widowed
  - Cohabiting
  - Other (Please specify)
- 8 Which of the following best describes your living arrangement prior to college?
- With neither parent nor grandparents
  - With grandparents only
  - With formerly-married father
  - With formerly-married mother
  - With single father
  - With single mother
  - With cohabitating parents
  - With married parents
  - Other (Please specify)
- 9 Which of the following best describes the area you were raised in?
- Urban
  - Suburban
  - Rural
- 10 Please indicate your current college education level.
- First-year
  - Sophomore
  - Junior
  - Senior
  - Other (Please specify)
- 11 Please select your parent/guardian's highest level of education. Please select for parent with highest level of education.
- Elementary School (Kindergarten - 4th Grade)
  - Middle School (5th Grade - 8th Grade)
  - High School (9th Grade - 12th Grade)
  - College - did not graduate
  - Graduated from college
- 12 Please indicate your religious affiliation
- Protestant
  - Catholic
  - Mormon
  - Jehovah's Witness
  - Jewish
  - Muslim
  - Buddhist

- Hindu
- Unaffiliated
- Other: \_\_\_\_\_

13 Please indicate if you received a formal sex education course

- Yes
  - I. If Yes...
    - i. At what age did you receive the sex education course: \_\_\_\_\_
    - ii. Where did you receive the sex education course: \_\_\_\_\_
- No



## APPENDIX C: MACARTHUR SCALE OF SUBJECTIVE SOCIAL STATUS – ADULT VERSION

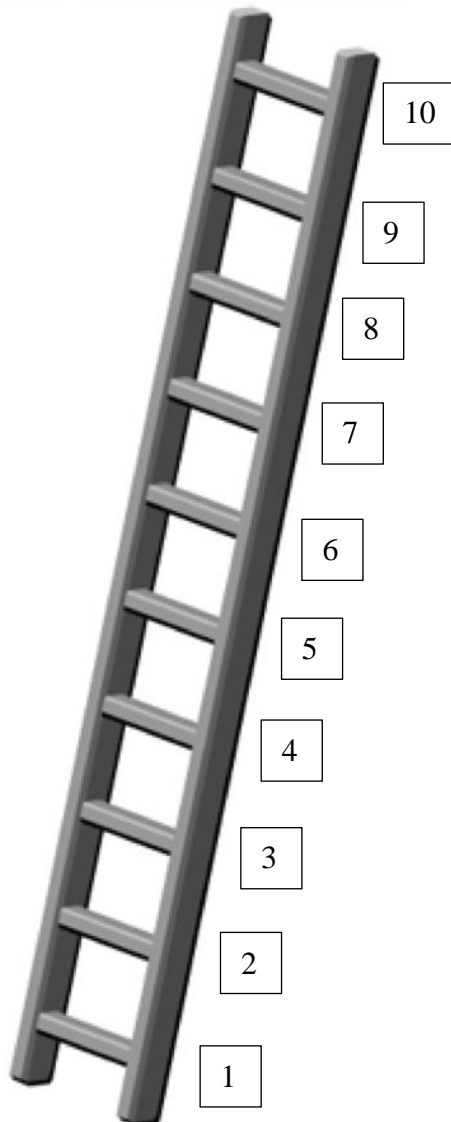
(Alder, Epel, Castellazzo, & Ickovics, 2000)

**Instructions: Think of this ladder as representing where people stand in the United States.**

At the **top** of the ladder are the people who are the best off – those who have the most money, the most education, and the most respected jobs. At the **bottom** are the people who are the worst off – those who have the least money, least education, the least respected jobs, or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

**Where would you place yourself on this ladder?**

Please place a large “X” on the rung where you think you stand at this time in your life relative to other people in the United States.



## **APPENDIX D: MEASURE OF RELIGIOUS INVOLVEMENT FOR AFRICAN-AMERICANS**

(Chatters, Levin & Taylor, 1992)

### **Organizational Religiosity**

1. How often do you attend religious services?

- (1) never
- (2) less than once a year
- (3) a few times a year
- (4) a few times a month
- (5) at least once a week
- (6) nearly every day

2. Are you an official member of a church or other place of worship?

- (1) Yes
- (2) No

3. How many church clubs or organizations do you belong to or participate in?  
\_\_\_\_\_ number

4. Besides regular service, how often do you take part in other activities at your place of worship?

- (1) never
- (2) a few times a year
- (3) a few times a month
- (4) at least once a week
- (5) nearly every day

5. Do you hold any positions or offices in your church or place of worship?

- (1) Yes
- (2) No

### **Nonorganizational religiosity**

6. How often do you read religious books or other religious materials?

- (1) never
- (2) a few times a year
- (3) a few times a month
- (4) at least once a week
- (5) nearly every day

7. How often do you watch or listen to religious programs on TV or radio?

- (1) never
- (2) a few times a year
- (3) a few times a month
- (4) at least once a week
- (5) nearly every day

8. How often do you pray?

- (1) never
- (2) a few times a year
- (3) a few times a month
- (4) at least once a week
- (5) nearly every day

9. How often do you ask someone to pray for you?

- (1) never
- (2) a few times a year
- (3) a few times a month
- (4) at least once a week
- (5) nearly every day

**Subjective Religiosity**

10. How religious would you say you are?

- (1) not religious at all
- (2) not too religious
- (3) fairly religious
- (4) very religious

11. How important was religion in your home when you were growing up?

- (1) not important at all
- (2) not too important
- (3) fairly important
- (4) very important

12. How important is it for Black parents to send or take their children to religious services?

- (1) not important at all
- (2) not too important
- (3) fairly important
- (4) very important

## APPENDIX E: SEXUAL & CONTRACEPTIVE QUESTIONNAIRE

(Adapted from Zeng, Lou, Zhou, 2015)

1. Have you ever had sexual intercourse?

- (1) Yes
- (2) No

2. If you have never had sex, what were your reasons for not having sex?

- (1) I have had sex
- (2) I don't feel ready
- (3) Not had the opportunity
- (4) I think that sex before marriage is wrong
- (5) I'm afraid of pregnancy
- (6) I'm afraid of HIV/AIDS/STI

3. If you have had sex, how old were you when you had sexual intercourse for the first time?

- (1) 11 years or younger
- (2) 12 -14 years
- (3) 15 - 18 years
- (4) 18 - 21 years
- (5) 21- 23 years
- (6) 24 years or older

4. Presently sexually active? (having either vaginal or anal sexual intercourse)

- (1) Yes
- (2) No

5. Presently with multiple sexual partners?

- (1) Yes
- (2) No

6. Presently using contraceptives during sexual intercourse?

- (1) Yes
- (2) No or not applicable

7. Used condoms during last sexual intercourse?

- (1) Yes
- (2) No

8. How often are contraceptives used?

- (1) Never or rarely
- (2) Sometimes
- (3) Always

9. What other forms of contraceptive methods do you or your partner use?

- (1) Birth control pills
- (2) IUD
- (3) Withdrawal (pull-out)
- (4) some other method

## **APPENDIX F: SEXUAL VALUES SCALE**

(Deardorff et al., 2008)

*Instructions - Please read carefully:* The following questions deal with your personal attitudes towards sex. Please answer the following statements as truthfully as possible.

### **Satisfaction of Sexual Needs as Important Scale**

*Do you think...*

1 = definitely no 2 = probably no 3 = probably yes 4 = definitely yes

1. If a guy gets sexually excited, his partner should satisfy his sexual needs?
2. Once a guy is sexually excited, it would be harmful if he didn't ejaculate (come)?
3. If a girl gets sexually excited, her partner should satisfy her sexual needs?
4. Once a girl is sexually excited, she needs to have an orgasm?

### **Comfort with Sexual Communication Scale**

*How comfortable would you feel talking about the following topics?*

1 = very uncomfortable 2 = uncomfortable 3 = comfortable 4 = very comfortable

1. The sexual positions you prefer?
2. What feels good to you during sex?
3. Your sexual fantasies?
4. Whether to use a condom?
5. Oral sex (going down)?
6. What you would do about a pregnancy (keep the baby, have an abortion, etc.)?
7. What you don't like during sex?
8. The risk of STDs or HIV?

### **Sexual Comfort Scale**

*How comfortable would you feel in the following circumstances?*

1 = very uncomfortable 2 = uncomfortable 3 = comfortable 4 = very comfortable

1. Being naked in front of your sexual partner?
2. Satisfying the sexual desires and fantasies of your sexual partner?

3. Having sex with the lights on?
4. Touching your partner's penis/vagina?
5. Putting a condom on a guy/having a girl put a condom on you?
6. How your body looks to your sexual partner?
7. Doing something new during sex?
8. Giving oral sex (going down)?
9. Receiving oral sex (having someone go down on you)?

### **Sexual Self-Acceptance Scale**

*Indicate how you feel about the following statements.*

1 = not at all 2 = somewhat 3 = neutral 4 = mostly 5 = very much

1. Do you feel guilty about having sex? \*\*\*
2. Do you think it's okay for you to have sex?
3. Do you feel guilty about having sexual feelings? \*\*\*
4. Do you feel that having sex is embarrassing? \*\*\*

### **Female Virginity as Important Scale**

*Do you think it's okay for women to...*

1 = definitely no 2 = probably no 3 = probably yes 4 = definitely yes

1. Have sex if they are in a serious relationship? \*\*\*
2. Have sex before marriage? \*\*
3. Make the first move with their partner? \*\*

### **Sexual Talk as Disrespectful Scale**

1 = yes 2 = no

1. Is it okay for a woman to talk about sex with their partner...
  - a. When they know each other but aren't dating?
  - b. When they first start dating?
  - c. When they've been dating a while but haven't had sex with each other?
  - d. When they're about to have sex?
  - e. When they've already had sex?
  - f. When they're married?
2. Is it okay for a man to talk about sex with their partner...
  - a. When they know each other but aren't dating?
  - b. When they first start dating?
  - c. When they've been dating a while but haven't had sex with each other?
  - d. When they're about to have sex?
  - e. When they've already had sex?

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## APPENDIX G: SEXUAL SELF-ESTEEM INVENTORY FOR WOMEN

(SSEI-W; ZEANAH & SCHWARZ, 1996)

*Instructions - Please read carefully:* You are asked to rate your feelings about several aspects of sexuality. You are not asked to describe your actual experiences, but instead to rate your reactions and feelings about your experiences, whatever they may be. In this questionnaire, "sex" and "sexual activity" refer to the variety of sexual behaviors, including kissing, hugging, caressing, and petting, as well as sexual intercourse. Current sexual activity is not necessary in order to answer the questions. There are no right or wrong answers; reactions to and feelings about sexuality are normally quite varied. What is important are your reactions to your own personal experiences, thoughts, and feelings.

Please answer each question as honestly as possible. Using the rating scale at the top of each page, place the number which most closely corresponds to the way you feel to the left of each question.

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Skill/Experience Subscale	
1. I wish I were better at sex**	[    ]
2. I feel disappointed with my sex life**	[    ]
3. After a sexual encounter, I feel like something is missing**	[    ]
4. I am happy about my sex life	[    ]
5. I feel self-assured about my sexual abilities	[    ]
6. I feel I am pretty good at sex	[    ]
7. I wish I knew as much as my friends about pleasing a partner sexually**	[    ]
8. During a sexual encounter, I feel self-conscious**	[    ]
9. I feel that "sexual techniques" come easily to me	[    ]
10. Sexually, I feel like a failure**	[    ]
11. I feel much satisfaction from my sexual life	[    ]
12. I do pretty well at expressing myself sexually	[    ]

13. I feel good about initiating sexual activity	[     ]
14. I feel good about my ability to satisfy my sexual partner	[     ]
15. In a sexual situation, I am not sure what to do**	[     ]
16. I wish I could relax in sexual situations**	[     ]
17. I think I am good at giving sexual pleasure to my partner	[     ]
18. I feel embarrassed about my lack of sexual experience**	
Attractiveness Subscale	
I am pleased with my physical appearance	[     ]
I wish I were sexier**	[     ]
I like my body	[     ]
If I could, I would change some parts of my body**	[     ]
I am surprised when someone finds me attractive**	[     ]
There are parts of my body I feel embarrassed about**	[     ]
I am much less attractive than I would like to be**	[     ]
I am happy with the way I look	[     ]
I am pleased with the way my body has developed	[     ]
I worry that some parts of my body would be disgusting to a sexual partner**	[     ]
I would be happier if I looked better**	[     ]
I am proud of my body	[     ]
When I get dressed up, I feel good about the way I look	[     ]
I am attractive enough	[     ]
I would like to look a lot better**	[     ]
I hate my body**	[     ]
I would like to trade bodies with someone**	[     ]
Control Subscale	
I feel sure of what I want sexually	[     ]
I feel emotionally vulnerable in a sexual encounter**	[     ]

I am afraid of losing control sexually**	[     ]
I feel I can usually judge how my partner will regard my wishes about how far to go sexually	[     ]
At times I have been afraid of what I might do sexually**	[     ]
I feel I could easily be talked into sexual activities I don't want**	[     ]
When I am in a sexual situation, I feel confused about what I want**	[     ]
I feel physically vulnerable in a sexual encounter**	[     ]
In a sexual situation, I know what I want but don't know how to get it**	[     ]
I am uncomfortable in letting my partner know what I want sexually**	[     ]
I worry that I won't be able to stop something I don't want to do in a sexual situation**	[     ]
I feel okay about telling my partner what I want in a sexual situation	[     ]
I am able to get what I want sexually when I want it	[     ]
I worry that things will get out of hand because I can't always tell what my partner wants in a sexual situation**	[     ]
My partner seems to get the wrong message about what I want sexually**	[     ]
I worry that I will be taken advantage of sexually**	[     ]
Moral Judgement Subscale	
From a moral point of view, my sexual feelings are acceptable to me.	[     ]
I never feel guilty about my sexual feelings	[     ]
I worry that some of my sexual fantasies are perverted.**	[     ]
I never feel bad about my sexual behaviors.	[     ]
I have punished myself for my sexual thoughts, feelings, and/or behaviors**	[     ]
I think I am too "easy".**	[     ]
I have no regrets about the things I've done sexually	[     ]
Some of the things I do in sexual situations are morally wrong.**	[     ]
I never feel bad about my sexual behavior	[     ]
I feel embarrassed about some of my sexual thoughts**	[     ]

I am sorry I lost (or would be sorry to lose) my virginity.**	[    ]
I worry a great deal about sexual matters.**	[    ]
My sexual behaviors are in line with my moral values.	[    ]
I feel guilty about my sexual thoughts and feelings**	[    ]
I don't think there're anything wrong with my sexual feelings.	[    ]
Adaptiveness Subscale	
I wish things were different for me sexually.**	
I am where I want to be sexually, at this point in my life.	[    ]
I feel good about the place of sex in my life.	[    ]
I like what I have learned about myself from my sexual experiences.	[    ]
All in all, I feel satisfied with my sex life.	[    ]
I don't feel ready for some of the things I am doing sexually**	[    ]
Sometimes I wish I could forget about sex**	[    ]
I find my own sexuality a bit scary**	[    ]
The "sexual me" is not the "real me".**	[    ]
I feel troubled about the sexual aspects of my life.**	[    ]
Sexual relationships have caused more trouble for me than they're worth**	[    ]
I am glad that feelings about sex have become a part of my life now.	[    ]
Other people have an easier time with their sex lives than I do.**	[    ]
In general, I feel my sexual experiences have given me a more positive view of myself.	[    ]
I wish sex were less a part of my life**	[    ]

## APPENDIX H: SEXUAL SOCIALIZATION INVENTORY

(Lottes & Kuriloff, 1994)

*Instructions - Please read carefully:* Below you will see five numbers corresponding to five choices. Choose the response that best describes your degree of agreement/disagreement with each statement. Write only one response for each statement. Because all responses will remain anonymous you can respond truthfully with no concerns about anyone connecting responses with individuals.

1 Strongly Agree	2 Agree	3 Undecided	4 Disagree	5 Strongly Disagree
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### Peer Sexual Socialization Scale Items

1. I am uncomfortable around people who spend much of their time talking about their sexual experiences.	[     ]
2. Among my friends, men who have the most sexual experience are the most highly regarded.**	[     ]
3. My friends disapprove of being involved with someone who was known to be sexually easy.	[     ]
4. Most of my friends don't approve of having multiple sexual partners.	[     ]
5. My friends and I enjoy telling each other about our sexual experiences.**	[     ]
6. Most of my friends believe that you should only have sex in a serious relationship.	[     ]
7. Among my friends alcohol is used to get someone to sleep with you.**	[     ]
8. My friends approve of being involved with someone just for sex**	[     ]
9. My friends brag about their sexual exploits. **	[     ]
10. My friends suggest dates to each other who are known to be sexually easy.**	[     ]
11. Among my friends, people seldom discuss their sexuality.	[     ]
12. Among my friends, women who have the most sexual experience are the most highly regarded. **	[     ]

**Parental Sexual Socialization Scale Items**

1. My mother would have felt okay about my having sex with many different people.**	[     ]
2. My mother would only have approved of me having sex in a serious relationship.	[     ]
3. My father would have felt upset if he'd thought I was having sex with many different people.	[     ]
4. My father would have felt okay about my having casual sexual encounters.**	[     ]
5. According to my parents, having sexual intercourse is an important part of my becoming an adult.**	[     ]
6. My parents stress that sex and intimacy should always be linked.	[     ]
7. My parents would disapprove of my being sexually active.	[     ]
8. My parents encourage me to have sex with many people before I get married.**	[     ]

## APPENDIX I: FAMILY SEX COMMUNICATION QUOTIENT

(Warren & Neer, 1986)

Directions: The following statements represent personal feelings about family discussions of sex. Please choose one of the five response categories that best describes your opinion: SA = Strongly Agree, A = Agree, N = Neutral (or Don't know), D = Disagree, SD = Strongly Disagree. Also, please answer these questions regardless of whether you have ever talked about sex with your parents.

### COMFORT

	SA	A	N	D	SD
1. I can talk to my parents about almost anything related to sex					
2. I can talk openly and honestly with my parents about sex					
3. I feel comfortable discussing sex with my parents					
4. My parents feel comfortable discussing sex with me					
5. Sex is too hard a topic to discuss with my parents**					
6. I feel free to ask my parents questions about sex					

### INFORMATION

	SA	A	N	D	SD
1. My parents know what I think about sex					
2. I know what my parents think about sex					
3. My parents have give me very little information about sex**					
4. Much of what I know about sex has come from family discussions					
5. I feel better informed about sex if I talk to my parents					
6. When I want to know something about sex, I generally ask my parents					

### VALUE

	SA	A	N	D	SD
1. Sex should be one of the most important topics for parents and children to discuss					
2. It is not necessary to talk to my parents about sex**					
3. The home should be a primary place for learning about sex					
4. Sex is too personal a topic to discuss with my parents**					
5. Sex should not be discussed in the family unless there is a problem to resolve**					
6. The least important thing to discuss with my parents is sex**					

## APPENDIX J: DYADIC SEXUAL COMMUNICATION SCALE

(Catania, 1998)

As you read the following list of statements, please indicate how much you agree or disagree with it

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

1. My partner rarely responses when I want to talk about our sex life**	[   ]
2. Some sexual matters are too upsetting to discuss with my sexual partner**	[   ]
3. There are sexual issues or problems in our sexual relationship that we have never discussed**	[   ]
4. My partner and I never seem to resolve our disagreements about sexual matters**	[   ]
5. Whenever my partner and I talk about sex, I feel like they are lecturing me**	[   ]
6. My partner often complains that I am not very clear about what I want sexually**	[   ]
7. My partner and I have never had a heart to heart talk about our sex life together**	[   ]
8. My partner has no difficulty in talking to me about their sexual feelings and desires	[   ]
9. Even when angry with me, my partner is able to appreciate my views on sexuality	[   ]
10. Talking about sex is satisfying experience for both of us	[   ]
11. My partner and I can usually talk calmly about our sex life	[   ]
12. I have little difficulty in telling my partner what I do or don't do sexually	[   ]
13. I seldom feel embarrassed when talking about the details of our sex life with my partner	[   ]



## APPENDIX K: BALANCED INVENTORY OF DESIRABLE RESPONDING SHORT FORM (BIDR-16)

(Hart, Ritchie, Hepper, Gebauer, 2015)

Using the scale below as a guide, write a number beside each statement to indicate how true it is.

1	2	3	4	5	6	7
not true			somewhat			very true

### Self-Deceptive Enhancement

- \_\_\_ 1. I have not always been honest with myself.\*\*
- \_\_\_ 2. I always know why I like things.
- \_\_\_ 3. It's hard for me to shut off a disturbing thought.\*\*
- \_\_\_ 4. I never regret my decisions.
- \_\_\_ 5. I sometimes lose out on things because I can't make up my mind soon enough.\*\*
- \_\_\_ 6. I am a completely rational person.
- \_\_\_ 7. I am very confident of my judgments
- \_\_\_ 8. I have sometimes doubted my ability as a lover.\*\*

### Impression Management

- \_\_\_ 1. I sometimes tell lies if I have to.\*\*
- \_\_\_ 2. I never cover up my mistakes.
- \_\_\_ 3. There have been occasions when I have taken advantage of someone.\*\*
- \_\_\_ 4. I sometimes try to get even rather than forgive and forget.\*\*
- \_\_\_ 5. I have said something bad about a friend behind his/her back.\*\*
- \_\_\_ 6. When I hear people talking privately, I avoid listening.
- \_\_\_ 7. I never take things that don't belong to me.
- \_\_\_ 8. I don't gossip about other people's business.

## APPENDIX L: SEXUAL DISSONANCE MEASURE

Higher the score = higher sexual conflict

1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
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- A. I feel that Black women can never be the object of a healthy sexual desire.
- B. Black women are always lusted after, but never loved.
- C. I want to please my family and adhere to their religious beliefs, but it often conflicts with my own sexual beliefs
- D. I believe that Black women are allowed to be as sexual as Black men\*\*
- E. Black women derive strength from their religion but must also reconcile their sexuality with their religion.
- F. It is inappropriate for Black women to engage in masturbation and self-pleasure
- G. I feel conflicted between my spiritual beliefs and my sexual practices
- H. I use religious activities to forgive myself after engaging in sexual practices
- I. My sexual practices are accepted or supported by my religion\*\*
- J. I live in accordance with my values and beliefs\*\*
- K. I feel guilty after engaging in sexual behaviors that do not align with my religious beliefs
- L. My similarly religious friends do not support my sexual practices\*\*
- M. My parents and I hold similar sexual beliefs\*\*
- N. My guilt has prevented me from engaging in a particular sexual behavior
- O. My beliefs prevent me participating in casual sexual activities

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